				1
hours after		IRECTOR: After this certificate has been signed by the attending physician and connectely filled in by the funeral	should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	hasth
within 24		y filled in b	. Pages 1	ours after
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after		and con stell	arbon papers.	State Dept. of Health prior to burial, cremation, or removal, and in any event, Kinin 72 hours after death
n certificate		physician a	se remove c	n any event
the death		attending	Then pleas	i and ir
quires that	hysician.	ed by the	it permit.	n, or remo
the law re	Ittending pl	s been sign	burial-transi	al, crematio
TYSICIAN:	ay be retained by the hospital or attending physician.	certificate ha	or use as the	prior to buris
ENDING PE	tained by the	OR: After this	e detached fo	pt. of Health
R ATT	ay be re	RECTO	ploods	State De

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH	AND RECORDS,		STREET,	BALTIMOR	E 1, MARY	LAND
11910	CERTIFICATE	OF DEATH			1	1895
1. PLACE OF DEATH a. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE  o. STATE  MARYT.AND	E (Whare dec	b. COUN		
HAGERSTOWN	ENGTH OF STAY IN 16	e. CITY OR TOWN (III  HAGERSTON				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, WESTERN MARYLAND STATE HOSPITA		d. STREET ADDRESS	AVENII	F.	1	e. IS RESIDENCE ON A FARA YES NO
3. NAME OF DECEASED (Typa or print) Education	Middle Powles	Wheret	4. DATE OF DEATH	Month	Da 7 3	y Year 196/
MALE WHITE WIDOWED	THE TEX MIXABLED	oct 18 1877	9.	AGE (In years lest birthdey)	Months Days	Hours Min.
ELEVATOR OPERATOR MUNIC	F BUSINESS OR INDUSTRY  TPALITY	WASHINGTON	MARY			S.A.
JACOB POWLES ALBERT		ALICE DU				
(Yes, no, or unkown) (If yas give war or detes of sarvica)	09-7147 GE	ORGE D ALBER	T HAGI	Addrass ERSTOWN	MARYLAN	n
1B. CAUSE OF DEATH (Entar only ona causa per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	(e), (b), end (c).]	e precine			11	NTERVAL BETWEEN ONSET AND DEATH
Conditions, if eny, which geve rise to immediate ceuse (a), stating the underlying	eebral thr	rombosis				2 mos.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT	T RELATED TO THE TERMIN	AL DISEASE C	ONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPS PERFORMED? YES NO

20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Part I or Part II of itam 18.)

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20a. PLACE OF INJURY (Home, ferm, Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town)

Not Whila Hour e.m. at work et work

factory, street, office bldg., etc.)

21. I certify that (I) (this hospital) attended the deceased from Sept. 21. saw the deceased alive on Child 22e. SIGNATURE 22b. DATE SIGNED

22c. PHYSICIAN'S NAME (Type)

22d. ADDRESS Western ma. state Ho jike

23d. LOCATION (City, town or county) (State)

(County)

(Steta)

23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) BURIAL

ROSE HILL CEMETERY

23c. NAME OF CEMETERY OR CREMATORY

HAGERSTOWN

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE OCT 5 arthur S. Kraus

VR A15 (4)

101010

THE PROPERTY OF THE PARTY OF TH

63 Ct 1 1 7 63

ALEXU. LAND THE HOTELESKY IN THE THE WAY STREET AND AND THE

the wife of the state of the st

THE AND PARTY OF THE PARTY OF T

## FOR STATE HEALTH DEPT. elay is necessary,

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11911 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

<0 €	e. COUNTY	e. STATE  b. COUNTY	ence before admission)
ag ag	Washington MARYLAND	Maryland Washin	aton
STAN I	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end giv	e neerast town)
हुई हैं जि VI	write RURAL and give nearest town)	V 5 5 5 5	
is in S	Rural Hancock Md d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress)	Rural 2 Hancock Md.	
Po P	d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street eddress)	d. STREET ADDRESS	IS RESIDENCE     ON A FARM?
10 0 0 0 C	Highway U.S.40 A		YES NO
Start	3. NAME OF First Middle	Last   4. DATE Month De	ey Year
E 5 0 0	DECEASED (Type or print)	OF DEATH	10
fer the	Larry Neil A	Adelsberger Oct 20	19 61
K With	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED A 8.	9. AGE (In yeers IF UNDER TYEA last birthdey) Months Deys	THE THE BIT EN THINGS
an on on	W Male White WIDOWED DIVORCED 1	Nov18. 1947   13 yrs.	Hours Min.
2,2 Pund	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (Siete or foreign country)   12. CITIZEN	OF WHAT COUNTRY?
s 1,	done during most of working life, even if retired)		
Pin	Student	Hancock Maryland U	S.A.
24 hours Pages within	10. TATITER S HAME	14. MOTHER 3 MAIDEN NAME	
(4 60	Neil Adelsherger	Margartee Wink	
o sent sile	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	INFORMANT Address	
× in in ×		43 A4-3-1 D 3 0 W	
with with an	NONE NO. 18. CAUSE OF DEATH [Enter only one cause per line for [e], (b), end (c).]	eil Adelsberger Rural 2 Hanc	OSK MG.
Paris de la company de la comp	PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
Si o o o o o o o o o o o o o o o o o o o	IMMEDIATE CAUSE (e) Fracture Skull In	tra Abdominal Hemorrhage	Instant
	DUE TO		
should so Office a buria	Conditions, if any, which \ (b)		
of the second	geva rise to Immediate cause		
ding ding	(e), steting the underlying DUE TO		
iica ed min	cause lest. (c)		
w x an in	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING  PRIMARY TO OF CONTRIBUTING  CAUSE OF DEATH.	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+)	19. WAS AUTOPSY PERFORMED?
ord ord	<b>X</b>		YES NO T
This die	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (E	Enter neture of injury in Pert I or Pert II of item 1B.)	
Me the	PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH.		
ME def	Child foll from word	n and was run over.	
関連で いっつ	I fact	and street office bldg at 1	(Stete)
K DO	5.15 p.m. 10-20- 19 61 et work et work & old B	coute 40, 2mile East of Hancock,	Wash Md.
Cate, to the OR:	21. I certify that I took charge of the remains described above, he	ld an Autopsy , Inspection T, Inquiry , an	nd in my opinion
開催を見る		ide , Homicide , Undetermined manner	
2 6 6 6	death resulted from: Material causes, Accident		
A S S S S S S S S S S S S S S S S S S S	150 1016	CHIEF MEDICAL EXAMINER	
THE COLOR	SIGNATURE OF THE LUCY	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
N S E		DEPUTY MEDICAL EXAMINER 10-20-6	7
SSICE	NAME (Type) Dr. F. W Ditto Jr.	Address (Street, city, town, or county)	-
should FUNE	NAME (Type) Dr. E. W. Ditto Jr.  220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country)	(State)
5 g 4 5 p	Burial 10.23.61 Tonoloway Ba	eptist   Fulton County Penn	as •
VS. A15ME	23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR'S SIGNA	TURE
5M 7/59	Houard & Live Hamock	me DATE OCT 24 '61 Chilling & fr	Towns.
	Home A second	2.11	A SAME

11.7 Asia ta sen e Control de la co of his appendix force Tarres I.S. Louis return allien and the contract to be the contract of the contr in the Politicative to the property of the pro Concord Land Land management a first anguardian fier commenced to be a COVE DIT BEE DIE DO NE COM MEDI FLIND The line of the state of the st TELEGRALE T · Pur E miles profesion destroy sa official to. 17.01 h ferals 

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) e. COUNTY e. STATE b. COUNTY by the and 2 death. WASHINGTON MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) HACERSTOWN 2 MONTHS.

NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ₽, OONSBOKO WESTERN 3. NAME OF paper DECEASED OF (Type or print) DEATH carbon tt, within 5. SEX 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthdey) and Months Deys 3 yrs. DIVORCED physician 1De. USUAL OCCUPATION (Give kind of work гетоуе 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) KETIRED MOTHER'S MAIDEN NAME attending pl 13. FATHER'S NAME .5 and MERT Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES removal, (Yes, no, or unkown) | (Ifyesgive weror detes of service) 18. CAUSE OF DEATH [Enter only one couse of the for ja), (b), end (c).] DOONSBORD signed by the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO bilateral aftending Conditions, if eny, which peen geve rise to immediate ceuse DUE TO (e), steting the underlying has couse lest. the certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT use prior 2Do. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) ched for Health p OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) R: After thi 2Dc. TIME OF INJURY 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) Month, Dey, Yeer Not While factory, street, office bldg., etc.) While Hour a.m. et work et work (I) (this has ital) attended the deceased from ... 9 1961, to 10 - 24 1961 that (1) (wa) last saw the deceased alive on. 10 41 ....19 22e. SIGNATURE ATTENDING MED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0:53 DURIA 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S VR A15 (4) DATE OCT 1 0 '61 Cirkling d.

e. IS RESIDENCE ON A FARM?

YES NO

61 19

Yeer

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? NO

> > (Stete)

22b. DATE

(State)

SIGNED

Day

15M 9/60

Waster arms all PRESIDENCE STREET, STR Samoure Company Company Company WESTERN MARKED SAFETHER STATE OF STATE 12437 Consisting and the THE HE HOLD SOPE STORAGE METALE PARMED TRIBANT TAKEN YOURSEN WASHING ASSISTANCE OF THE SERVICE OF THE SERV VANIER BARLE ENMA MERTA 214-32-4639 MISSONNA BELLIA D'ANGA POSSIVERGAS MICH MILE TO THE PARTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE THE RESERVE OF THE PROPERTY OF The second of the second of the YE THE CHEST TOTAL PAR HOUSE STORES THE BORRES OCT 7 1967 BENEVOLA CEMETERY DENEMEN WASH SO NE ... Mar Marie Drowe Bear Ma Carett Parly

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

director

funeral

within 24

filed

shauld

mave

	S LINE OF THE PROPERTY OF THE
	The state of the s
THE RESERVE OF THE PARTY OF THE	DE SALLICE DE LA CONTROL DE SE ESCRIPTION DE LA CONTROL DE

within 24 hours after deam. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exer

TO

VR A15 (4)

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1899 11914 CERTIFICATE OF DEATH

b. CUNY Washington b. CUTON TOWN IT SHARE SECONDARY b. CUTON TOWN IT SHARE SECONDARY b. CUTON TOWN IT SHARE SECONDARY compared town like gers town d. RAARE OF HOSPITAL OR INSTITUTION (if not in heapital, give street address) 914 Corbett St.  915 FATE OF THE STAND SECONDARY SECONDAR	1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission)
b. CITY OR TOWN   If builded corporate limits, write RURAL and give nearest flown)  ### Age rs town  d. NAME OR HOSPITAL OR INSTITUTION (if not in hospital, give affects)  914 Corbett St.  914 Corbett St.  ### Age rs town  914 Corbett St.  914 Corbett St.  ### Annih Dev Year  915 CORDEARSED  10 PORCEASED  10		
A. ARABE OF HOSPITAL OR INSTITUTION (if not in bospital, give afreel eddress)   9.14 Corbett St.   9.15 Month Day Ver   9.15 Mon		AY IN 1b c. CITY OR TOWN (if outside corporeta limits write RURA) and give negret town)
4. NAME OF HOSPITAL OR INSTITUTION (if not in buspile), give streat eddress)  914 Corbett St.  915 Maidle  Last  1. DATE  OFF  DECRASED  1. AGE (in years   Fund Decrased  1. DATE  OFF  DECRASED  1. AGE (in years   Fund Decrased  1. DECRASED  1. DATE  OFF  DECRASED  OF	write RURAL end give nearest town)	1 1 2
914 Corbett St.  915 NAME OF DECRATION		
3. NAME OF   DECRRED   Type or print)   Jay   Ralph   Benedict   Benedict   Section   Decreased   De		ON A FARM?
Decided   Death   Decided		914 Corbett St. YES NO
S. SEX   S. COLOR OR RACE   7. MARRIED   NOTE MARRIED   8. DATE OF BIRTH   9. AGE   In year   IF UNDER 17 HAR   IF UNDER 27 HRS.	DECEASED	
Male White widowed Divorce April 24, 1905 56 79.    Top	(Type or print) Jay Ralph	Benedict DEATH October 12 1961
Male White widowed Divorced April 24, 1905 56 yr.    Male White widowed Documation (give kind of weak to do wing, ligh, even if relied)   IDB, KIND OF BUSINESS OR INDUSTRY   II. BIRTHPLACE (County & Siele, or foreign country)   IZ. CITIZEN OF WHAT COUNTRY	5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIE	B. DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
SUNAL DECLATION (Give kind of work done during and work)   Technician   Aircraft   Waynesboro, Pa.	Male White WIDOWED DIVORCE	
ITA D. Benedict    Sarah J. Sollenberger   15. NAS DECEASED EVERIN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT   Address   Address	done during most of working life, even if retired)	RINDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. of unfown) [lifyespiewer ordered starvice] 214-09-0227Mrs. Fay E. Benedict Hagerstown, d. [NITERAL BETWEEN ORDER OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]    16. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]   17. INFORMANT   Address	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCESS   16. SOCIAL SECURITY NO. 17. INFORMANT   Address   17. INFORMANT   Address   17. INFORMANT   Address   18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]   PART I. DEATH MAS CAUSED BY.   IMMEDIATE CAUSE (a)   DUE TO   Conditions, if eny, which geve rise to immediate ceuse (a), staling the underlying   Columbia   C	Ira D. Benedict	Sarah J. Sollenberger
18. CAUSE OF DEATH [Enter only one ceuse per line for [a], [b], end [c].]   PART I. DEATH WAS CAUSED BY,   DUE TO   Conditions, if eny, which geve rise to immediate cause [a], stating the underlying cause lest.   (c)   DUE TO   D	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY N	
Note	No (Irresgive wer or detessors ervice) 214-09-022	Mrs. Fay E. Benedict Hagerstown. "d.
DUE TO Conditions, if eny, which geve rise to immediate ceuse (a), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS  CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS  CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS  CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS  CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS  PART II. OTHER SIGNIFICANT CONDITIONS  PART II. OTHER SIGNIFICANT CONDITIONS  CONTRIBUTING CONTRIBUTION CONTRIBUTION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS  PART II. OTHER SIGNIFICANT CONDITI	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c) PART I. DEATH WAS CAUSED BY:	(NTERVAL BETWEEN ONSET AND DEATH
Conditions, if eny, which gave rise to immediate cause (a), stating the underlying (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED. Y	///	1 Course
geve rise to immediate ceuse (a), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED!  YES NO TO CONTRIBUTING CAUSE OF DEATH II. FIRST METERS OF DEATH II. FIRST METERS OF DEATH III. FIRST METERS OF DEATH I		1-1-1
(a), stating the underlying cause lest.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED! YES NO PERF	I I I I I I I I I I I I I I I I I I I	assum selesono 3 guy
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO GOOD TO THE PROPERTY OF PERFORMED? YES NO GOOD TO THE PART II(a) 19. WAS AUTOPSY PERFORMED? YES NO GOOD TO THE PART II(a) 19. WAS AUTOPSY PERFORMED? YES NO GOOD TO THE PART II(a) 19. WAS AUTOPSY PERFORMED? YES NO GOOD TO THE PART II(a) 19. WAS AUTOPSY PERFORMED? YES NO GOOD TO THE PART II(a) 19. WAS AUTOPSY PERFORMED? YES NO GOOD TO THE PART II(a) 19. WAS AUTOPSY PERFORMED? YES NO GOOD TO THE PART II(a) 19. WAS AUTOPSY PERFORMED? YES NO GOOD TO THE PART II(a) 19. WAS AUTOPSY PERFORMED? YES NO GOOD TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTOPSY PERFORMED? YES NO GOOD TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTOPSY PERFORMED? YES NO GOOD TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTOPSY PERFORMED? YES NO GOOD TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTOPSY PERFORMED? YES NO GOOD TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTOPSY PERFORMED? YES NO GOOD TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTOPSY PERFORMED? YES NO GOOD TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTOPSY PERFORMED? YES NO GOOD TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTOPSY PERFORMED? YES NO GOOD TO THE TERMINAL DISEASE CONDITION GOOD TO THE TERMI	DUE 70	
2De. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTROL OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  2De. TIME OF INJURY Month, Dey, Year Hour a.m.  p.m.  19  21.   certify that (I) (this hopital) attended the deceased from factory, street, office bldg., etc.)  22a. SIGNATURE  22a. SIGNATURE  22a. SIGNATURE  22a. SIGNATURE  22a. DATE THEREOF  23c. NAME OF CAETERY OR CREMATON  REMOVAL (Specify)  Burial  25b. REGISTRAR 25b. REGISTR	cause lest. (c)	
2Dc. TIME OF INJURY Hour s.m. p.m.  19  2Dd. INJURY OCCURRED While et work et work  2Dd. INJURY (Home, ferm, factory, street, office bldg., etc.)  2Df. (City or town)  (County) (State)  2Df. (City or town) (County) (State)  2Df. (City or town) (County) (State)  2Df. (City or town) (County) (State)  2Df. (City or town) (County) (State)  2Df. (City or town) (County) (State)  2Df. (City or town) (County) (State)  2Df. (City or town) (County) (State)  2Df. (City or town) (County) (State)  2Df. (City or town) (Df. (Ci	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	
2Dc. TIME OF INJURY Hour s.m. p.m.  19  2Dd. INJURY OCCURRED While et work et work  2Dd. INJURY (Home, ferm, factory, street, office bldg., etc.)  2Df. (City or town)  (County) (State)  2Df. (City or town) (County) (State)  2Df. (City or town) (County) (State)  2Df. (City or town) (County) (State)  2Df. (City or town) (County) (State)  2Df. (City or town) (County) (State)  2Df. (City or town) (County) (State)  2Df. (City or town) (County) (State)  2Df. (City or town) (County) (State)  2Df. (City or town) (Df. (Ci	TE STATE OF THE ST	
2Dc. TIME OF INJURY Hour s.m. p.m.  19 2Dd. INJURY OCCURRED While et work et work  2Dd. INJURY (Home, ferm, factory, street, office bldg., etc.)  2Df. (City or town)  (County) (State)  2Df. (City or town)  (County) (State)  2Df. (City or town) (County) (State)  2Df. (City or town) (County) (State)  2Df. (City or town) (County) (State)  2Df. (City or town) (County) (State)  2Df. (City or town) (County) (State)  2Df. (City or town) (County) (State)  2Df. (City or town) (County) (State)  2Df. (City or town) (State) (State	2D6. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OR CONTRIBUTING 2DAYSE OF DEATH	OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)
21. I certify that (I) (this hospital) attended the deceased from		20e PLACE OF INJURY (Home form 1 20f (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from	Hour a.m. While Not While	
saw the deceased alive on least stated above.    22a. SIGNATURE		d from cf 11-61 19 told 12 196' that (1) (we) last
22a. SIGNATURE  22a. SIGNATURE  M.D. ATTENDING MED. STAFF PHYS.  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  22d. LOCATION (City, town of county)  23a. BURIAL, CREMATION, 23b. DATE THEREOF  23c. NAME OF CHMETERY OR CREMATORY  23d. LOCATION (City, town of county)  (Siete)  24 FUNERAL DIRECTOR'S SIGNATURE  22b. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		
22c. PHYSICIAN'S NAME (Type)  236. BURIAL, CREMATION, 23b. DATE THEREOF PHYS. ADDRESS  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  23d. LOCATION (City, town of county) Purial  23d. LOCATION (City, town of county)  Control of the county of the		
238. BURIAL, CREMATION, '23b. DATE THEREOF 23c. NAME OF CHMETERY OR CREMATOR'S 23d. LOCATION (City, towh or county) (Stele)  REMOVAL (Specify Burial Oct 14, 1961 Rose Hill Cemetery "agerstown, Md.  24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25b. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	A. W Ditto &	M.D. ATTENDING MED. STAFF PHYS. SIGNED
REMOVAL (Specify) Burial Oct 14, 1961 Rose Hill Cemetery "agerstown, Md.  24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE		& Hegurous Md
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	REMOVAL (Specify)	
	2012	

плодачорай

TO years laterstown

91# Egruett 5t. St. St. Cortcoff 5t.

no lenteral time recoli

And the limit when the state of the

Taconician Alrerait as asymmetron, Pa.

in December . Sarah J. Sollonser er

BY THE SIL-OS-CERTAIN TO THE THEORY OF THE PARTY LOWER OF

The same with the same of the

der . Westernest Dockstein Book 191 190 Terment. 40.

Scort : Similar & Son Barorstown, desugn of control : different

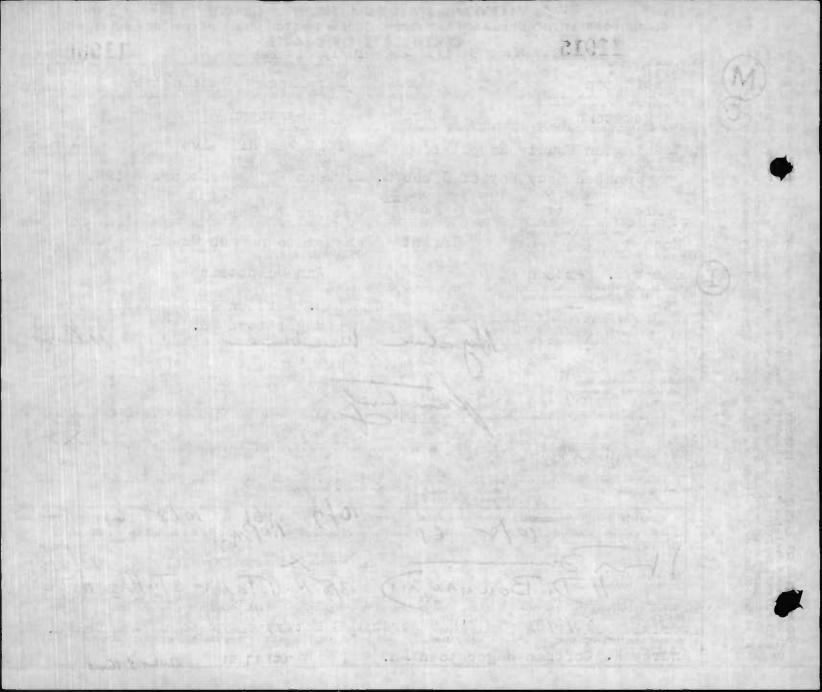
ed within 24 hours after IOH STAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour death rage 4 may be retained by the hospital or attending physician.

S IO FÜNERAL DIRECTOR: After this certificate has been signed by the attending physician and compretely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after definite.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION O	F STATISTIC	CAL RESEARCH A	ND RECORDS,	301 W.	. PRESTON	STREET,	BALTIMORE 1,	MARYLAND
4	*042	CF	PTIEICATE	OF	DEATH			. 14

	11313	Item	9 Kilm (297	10/13/61 iwk	1 1 0 9 0
1. PLACE O				2. USUAL RESIDENCE (Where deceased lived, If institu	tion: Rasidanca bafora admission)
	ington		MARYLAND	Maryland Washing to	'n
b. CITY OR	TOWN (if outside corporate limi	ts,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RUR.	
	Cerstown		8 Hrs	Hagerstown Q	p q
	OF HOSPITAL OR INSTITUTION (	if not in hos	0	d. STREET ADDRESS	e. IS RESIDENCE
Wool	in out on Court	. U.		1012 Oak Hill Ave	ON A FARM?
3. NAME O		y no s	Middle	Last 4. DATE Month	Day Yaar
DECEASI	Unnamed Baby	Row	of Jacob B.	Berkson DEATH October	8 1961 19
5. SEX				B. DATE OF BIRTH 9. AGE (In years   IF Ut	
100	9971 0 1			last birthday) Mor	
IDa USUAL C	e White	WIDOWE	D DIVORCED	October 7 1961 yrs.   RY   11. BIRTHPLACE (County & State, or foreign country)   1	2. CITIZEN OF WHAT COUNTRY?
dona during n	most of working life, even if retire	d)			USA
None			Infant	Hagerstown Wash Co La	AGU
13. FATHER'S				14. MOTHER'S MAIDEN NAME	
	b B. Berkson			Ann Goldstein	
(Yas, no, or un	EASED EVER IN U.S. ARMED FOR	CES? 16. arvica)	SOCIAL SECURITY NO. 17.		TTARRA
No				acob B. Berkson 1012 Oak	
	JSE OF DEATH [Enter only one	causa par l	ina for (a), (b), and (c).]	, Hagerstown Md.	ONSET AND DEATH
PAR	IMMEDIATE CAUSE (a)	- 6	La alive	Membrane	11kmrs_
7	73.5 DUE TO	V			
Condition	s, if any, which ) (b)				
	to immediate cause  DUE TO		1		7/2 W 1
causa last	ig the undarrying		Nromalus	al contract of the second	
Z PART	II. OTHER SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT N	THE TELEPTION THE TERMINAL DISEASE CONDITION GIVEN IN	
ATK		1		0	PERFORMED?
OR CONTI	IDENT WAS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCURE	D. (Enter nature of injury in Parl I or Part II of item 18.)	
OR CONT	RIBUTING CAUSE OF DEATH , NOTIFY MEDICAL EXAMINER)				
₹ 20c. TIMI	E OF INJURY Month, Day, Ya	ar   2Dd.		ACE OF INJURY (Home, farm, † 20f. (City or town)	(County) (Stata)
20c. TIMI	ur a.m.	While at wor	1401 1111110	tory, streat, office bldg., atc.)	
	p.m. 19			10/0 10/1. 10/8	10/ 1 11 1 (1) () 1-1
	ertify that (I) (this hospi			1 1 1 1 1	
	deceased alive on	0/8	196, and tha	death occured at	on the date stated above.
22a. SIG	NATURE			ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED
22c. PHY	SICIAN'S			A.D. PHYS. DIRECTOR PHYS.	10/7/61
	ME (Typa) H D:	3011	MAN,MI)		HAGERSTOWNIN
	CONTRACTOR LOSS DATE THE		23c. NAME OF CEMETERY		
23a, BURIAL, REMOVAL	(Specify) 23b. DATE THE	NEO!			
Buria				an Conetery Hagerstown V	ash Co ld.
A 2	DIRECTOR'S SIGNATURE	U.	ADDRESS		AK 3 SIGNATURE
Andre	ew A. Colinan	nag	erstown Md.	DATECCT 11 '61 Criller	S. Kines
2081	293XV2,		E LOS ENGLIS		



VR A15 (4) 15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

22010				
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where		Residence before admission)
Washington	MARYLAND	* STATE Maryland	b. COUNTY Wa:	shington
b. CITY OR TOWN (if outside corporate limits write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporate limits, write RURAL and	d give nearest town)
lagerstown .	2 weeks	X 211 N. Conoc	ocheague St	Williamspe
d. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
Western Md. State		211 N. Conocoo		YES NO X
		VERS 4. DATE OF DEAT	A	Day Year 0 19 61
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years   IF UNDER 1	
Female White	WIDOWED M DIVORCED	0et. 20 1961	68 yrs. Myths	Oys Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & Stete,	or foreign country)   12, CIT	IZEN OF WHAT COUNTRY
Housework	Homes	Maryland	U	.S.A
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Daniel Cunningha	ım	Viola Dic	k	
5. WAS DECEASED EVER IN U.S. ARMED FORCE		NFORMANT 70	7 Forrest Dr	ive
(Yes, no, or unkown) (If yes give war or dates of set			gerstown Md.	
18. CAUSE OF DEATH (Enter only one			bor bound mar	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	LOBULAR PN	EUMOIVIA		DAUC
42011				
Conditions, if any, which	MYOCAR DIAL	INEARCTION	V	8 DA48
	1.1001110115-	71.17.10		12
(a), stating the underlying DUE TO				
(c)_	ONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	I (a) 19. WAS AUTOPSY
NINDCTE	6			PERFORMED?
20a, ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURED		t II of item 18 \	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	200. DESCRIBE HOW INJURY OCCURED	, (Line) harde of injury in Ferr of Fer	THO THEM TO.,	
20c. TIME OF INJURY Month, Day, Year Hour a.m.		CE OF INJURY (Home, farm, 20f. (Cory, street, office bldg., etc.)	City or town) (Cou	inty) (State)
21. I certify that (I) (this hospital	all attended the deceased from	10-4- 1961	010-20 ,19	6/ that (1) (ma) la
saw the deceased alive on10	-20 106/ and that			
22a. SIGNAJURE			/	22b. DATE
	llogron "	.D. PHYS. DIRECTOR	PHYS.	SIGNE
22. DHYSICIAN'S		22d. ADDRESS	4	4
NAME (Type) ANTONIO	U. PALLAGROSI	1500 FA A	We. Hager	stown /M
238. BURIAL, CREMATION, 236. DATE THERE	OF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LC	CATION (City, town or count	y) (State)
Burial (Specify) Oct. 23			kersville Mo	
24 EUNERAL DIRECTOR'S SIGNATURE	n 413 / Kingerss	O 2014 252 DEC'D BY DEG	ISTRAR 256. REGISTRAR'S	
(1 Ubent X Lent	Williamscon	DATE OCT 2 4 '6	1 arthur S.	thank
000001 -01	7,0	DATE		

northanic one year

also MeaupH

Daniel Cuminovam

Escores to more a second

S weeks . . . Calconomeague St Millsmacom

enegate 34. State despitel Till N. Concoccine ve 55.

Temple thite was X was selient as inch

A.C. Water San San Street

Model Diok

207 Porress Drive

.P. Portagene Civel Cathed TTSP 45 SIS

Serial Coo. 29-61 Pakarerilla Cenebuty Baleroville Rd

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11917 CERTIFICATE OF DEATH

	5.20	2 feet
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution: Resident	nce before edmission)
Washington MARYLAND	o. STATE b. COUNTY  Maryland Washing	de en un
b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 16	Maryland Washing  4. CITY OR TOWN (If outside corporate limits, write RURAL and give	
write RURAL end give neerest town)	102	
Hagerstown  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
	/	ON A FARM?
51 East Antietam Street	51 E. Antietam St.	YES NO
DECEASED	OF	Year
(Type or print) Charles Clarence	Bowman   DEATH Oct. 14	19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH  9. AGE (In yeers IF UNDER 1 YEAR last birthdey)  Months   Devs	Hours Min.
Male White WIDOWED DIVORCED	Aug. 6, 1896 65 yrs.	Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y   11. BIRTHPLACE (County & Stale, or foreign country)   12. CITIZEN (	OF WHAT COUNTRY?
Postal Clerk U.S. Post Offi	de Hagerstown, Wash. Cty. 3 Md	U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Danial Paravan	Fannie Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I	NFORMANT Address	
(Yes, no, or unkown)   (Ifyesgive werordates of service)		An++ a+
Yes W. W. #1  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		ANTI O TUM
	- FO	SET AND DEATH
IMMEDIATE CAUSE (a) COVON any Clech	isien	minuclay
DUE TO A		511ma
Conditions, if eny, which ) (b) ANGING Peclose	)	s gire
gave rise to immediate cause (e), stating the underlying DUE TO		
ceuse lest. (c)		
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)	19. WAS AUTOPSY
Part II. Other significant conditions contributing to Death But no Diabetes Melli Lis		YES NO
E 20e. ACCIDENT WAS UNDERLYING □   20b. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I or Pert II of item 18.)	7
206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
To all the state of the state o	CE OF INJURY (Home, farm, '2Df. (City or town) (County) ory, street, office bldg., etc.)	(Stete)
Hour e.m.  p.m.  19  While Not While et work et work	,	
21. 1 certify that (I) (this hospital) attended the deceased from	14 Out 196/ 10/4 Out 196/	that (I) (we) last
saw the deceased alive on Merry 19 and that		
22e. SIGNATURE		22b. DATE
Tot Juster,	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	40 A SIGNED
22c. PHYSICIAN'S	22d. ADDRESS	1 201
NAME (Type) F. F. L US DV	230 Nome It Hageny	m /14
230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town o county)	(Stele)
REMOVAL (Specify) Buriel 10/17/1961 Rose Hill	Cemetery Hagerstown, Nar	vl nd
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNA	TURE
	Md. DATOCT 17'61 Civiling S. House	
Andrew K. Coffman, Hagerstown,	Ma. DATUGE 1 101   Cirilary S. Thom	

. . . Destroy Me Tropo De antelo Co The state of the s Application of the state of the state of

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH

1. PLACE OF DEATH	1004	0 F11M 0297 10,		CE (Where deceased lived, If institution, R	Rasidence bafore admission)
a. COUNTY Wash	ington	MARYLAND	a. STATE Mary	land b. COUNTY Was	shington
b. CITY OR TOWN (if Hagerst	outside corporata limits, giva nearast town) OWN	c. LENGTH OF STAY IN 1b		If outsida corporata limits, write RURAL and erstown	d give nearest town)
d. NAME OF HOSPIT	AL OR INSTITUTION (if not	in hospital, giva straet address)	d. STREET ADDRESS		. IS RESIDENCE
	ocust St.		21 N.	Locust St.	YES NO
3. NAME OF DECEASED (Typa or print)	Edgar Ma	ac Boyd	Last	4. DATE Month OF DEATH October	10 1961
5. SEX	6. COLOR OR RACE 7. N	AARRIED NEVER MARRIED 8	. DATE OF BIRTH 180	9. AGE (In yet 5 IF UNDER 1	
Male	White   WI		ec. 31, 19	61/ 69 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION done during most of wor	king life, avan if ratirad)	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ity & State, or foreign country)   12. CITI	ZEN OF WHAT COUNTRY?
Package	Store	Alcoho1	Hagers	town, Md.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
	E. Boyd		Nani	ny Duffey	
15. WAS DECEASED EVE (Yas, no, or unkown)   (If	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
Yes	W. W. 1	P1	reston Mari	tin Hagerston	wn. Md
		a par lina for (a), (b), and (c).]	101		INTERVAL BETWEEN
	MAS CAUSED BY:	7 a My Cot	dist of	· larction	Mysdints
420.1	DUE TO	/0	ora (	7 ar	111000012
Conditions, if any,	which (b)				
gave risa to immadia (a), stating the un	DITE TO				
causa last.	(c)				
Z PART II. OTHER		S CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
)ITA					YES NO
(IF EITHER, NOTIFY	S UNDERLYING   201 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	. (Entar natura of injury in	Part I or Part II of item 18.)	
20c. TIME OF INJUING Hour a.m.		While Not While fact	CE OF INJURY (Home, farm ory, straet, offica bldg., etc		nty) (Stata)
	19	at work at work	11/11/11	10/10/10	40.4
	1 11	attended the deceased from.	7 1		, that (I) (we) last
	ed alive on	/	death occured at/	M.M. from the causes and on t	he date stated above.
22a SYGNATURE	120			MED. STAFF	226. DATE SIGNED
Lay	nt you	y y	.D. PHYS. 22d, ADDRESS	DIRECTOR PHYS.	10/10/61
22c. PHYSICIAN'S	F. Koung	1		amsport, Md.	1.11
Maiph		V			A (51-1-)
REMOVAL (Specify)  Burial	Oct. 12,	Rose Hill (		23d. LOCATION (City, town or count) Hagerstown.	y) (Stata) Md.
24 FUNERAL DIRECTOR	1	ADDRESS		C'D BY REGISTRAR 256. REGISTRAR'S	
Scott F.	Minnich &	Son Hagerstown	n. Nd. DATE	OCT 1 3 '61	9 #
		Join Magor Stown	OC	T13 '61 Clothing S.	Thank

Life of dauged .W IS .. oralis orace 2d Line H . ood - x Package Store Alcohol - Eagerstown, Md. goling general - Programmes John E. Esyd medica of mitter notaril To my affect for free the Taren . Tark Bortana Cot. 12. 51 Boso Lill Concetery Bacertown,

norther transfer to the learn to the land to the land

Zl M. Locust Sc.

. bi . . Processor L. D. M.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 11919

11994

. 1				T				
1	1. F	PLACE OF DEATH O. COUNTY Washington M	ARYLAND	2. USUAL RESIDENCE (W o. STATE Md.	/here deceased liv	b. COUNTY	Residence befo	/
	Ŀ	b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF S RURAL and give nearest lown)	TAY IN 16	c. CITY OR TOWN (IF	outside corporate	limits, write RUF	AL ond give ne	arest town)
		HARRAN MIN. VILLAN STY	no.	Frostbu	rg		0)	22 - ]
Ì	(	d. NAME DF HOSPITAL (If not in hospitol, give street address)	1	d. STREET ADDRESS	-			e. IS RESIDENCE ON A FARM?
		Taleway Convalescent H	ome	Braddoc	k Road			YES NO
		NAME OF DECEASED (Type or print) JOHN First JOSE	oh -	Brady	4. DATE OF DEATH	Oct Month	3	1961
	5. S	N/ DA	RCED T	12-27-189	The same of the sa	ast birthday)	Months Days	Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINES				61 yrs.	12. CITIZEN O	F WHAT COUNTRY?
		during mast af working life, even if retired)				.,,		
	13	Labor Farming  FATHER'S NAME		14. MOTHER'S MAIDEN			U.	5 . A .
\								
	15	Darby J. Brady was deceased ever in u. s. armed forces? 16. social security	NO 17 IN	Marce I	lla Sca	Addres		
	{Yes	s. no, or unknown) (If yes, give war or dates of service)		FORMANT Frost				
		No None		rs. Vincen	t Boll1	no, 10		
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY:	(c).]	0 1	4	. 0		SET AND DEATH
		IMMEDIATE CAUSE (a)	LC C	ardiac	10	ill	el o	Lweites
		DUE TO DO	120		Or.		1	11110
		Conditions, if ony, which (b)	/ac	vucar	NIO		a	yes,
		couse (o), stating the under-						7
	_	lying cause lost. (c)						
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CO	ONDITION GIVEN	IN PART 1(o)	PERFORMED?
	ICA							YES NO
	CERTIF	206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Y OCCURRED	). (Enter noture of injury in	Port I or Part II	of item 18.)		
	WEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Nat while	20e. PLA	CE OF INJURY (Hame, far- tary, street, affice bldg., et	m, 20f. (City or	lown)	(County)	(Stote)
	MEC	Hour o.m.  p. m.  19 While Nat while of wark to the otwark to the wark to the	,,,,,	A	- A	4		
		21. I certify that (1) (this hospital) attended the decease	ed frank	(bv. 25, 19	66 L 10 8	LCT 3	3, 196/11	nat (I) (we) last
Ħ				eath accurred at 13	Off Math	causes and		e stated abave.
V		22a SIGNATURE			-		0.1.1110	/ 23b. DATE
		100000 X rewer	- 1	M.D. ATTENDING	AED.	TAFF PHYS.	10	3/6/ SIGNED
		22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		11	1	100/
		David Ni DYE	we.	T Cle	anx	pri	ng	rug,
i	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF	EMETERY O	R CREMATORY	23d. LOCATION	City, tawn, ar	county	(State)
		REMOVAL (Specify) Burial 10-5-61 St. Mich	Place	Cemetery	Fros	burg		Md •
	24.	FUNERAL DIRECTOR'S SIGNATURE Hafer Funders	Home	25a. REC	D BY REGISTRA	25b. REGISTI	RAR'S SIGNATU	RE
	Be	ule H. Moulesut 23 E. Main, Fr	ostbi	irg, Md. DATE C	T 9 '61	Chilh	1 S. Than	

Land of the state A THE STANDARD OF THE STANDARD TO A CHARLES OF A The state of the s 

# FOR STATE

delay is necessary, increased director. Page lained for your files. State Board of lealth,

HEALTH DEPT

TO IN JIY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. It please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to incomers 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B or its designated agent, prior to burial, cremation, or removal, and in any event within 2 hours after death. VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1990 PROBLEM 1990

a. COUNTY		11	2. USUAL RESIDENCE (Where	deceased lived If institution, Pasidence before	e admission
				b. county ashing ton	
Washingto	OM outside corporeta limits,	c. LENGTH OF STAY IN 16	Maryland	wasnington	
write RURAL and g	iva nagrest town)			proporate limits, write KUKAL and give nearest	lown)
Hagerstown	iva navest town)  n, Maryland	life time	Hagerstown,	Maryland ()3	
4	L OR INSTITUTION (it not in he		d. STREET ADDRESS		RESIDENCE
The second secon	Jonathan Str			nathan Street YES	NY
3. NAME OF DECEASED	First	Middle	Last 4. DATE	Month Dey Y	eer
	Daniel	Leo Brook	KS DEAT	TH Oet 9	961
5. SEX	6. COLOR OR RACE 7. MARR	JED NEVER MARRIED B.	DATE OF BIRTH	1 1 1 1 1 1 1	DER 24 HRS.
20 -	Colored WIDOW		ee 2 1907	last birthday) Months Days Hours	Min.
100. USUAL OCCUPATIO	N (Give kind of work   10b.	KIND OF BUSINESS OR INDUSTRY			T COUNTRY
Laborer	ing lifa, even if retirad)		Hagerstown M	d. USA.	
13. FATHER'S NAME			4. MOTHER'S MAIDEN NAME		
Daniel (	. Brooks		Lora R. Wi	lliam	
		S. SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
(Yes, no, or unkown) (If y	asgive war or dates of servica)	The	Cleo B. Overt	- 11	a. /
	ATH (Enter only one cause per	lies for (s) (b) and (s))	Les D. Overl	on Hagerstown	mol
	WAS CAUSED BY:	line for (a), (b), and (c).)		ONSET AN	D DEATH
	MEDIATE CAUSE (a) Car	rdiac Hypertroph	v Marked	Recen	t
434,2	DUE TO				
Conditions, if eny,	which ) (b) Pur	lmonary Congesti	0 171 •		
			on or halama		
geve rise to immediate	e ceuse	monary congesti	on & rdema		
geve rise to immediate (a), stating the und	e ceuse DUE TO	imonary bonges tr	on « rdema		
gave rise to immediate (a), stating the und	derlying DUE TO			E CONDITION CIVEN IN BART (C), 10, WA	ALITORCY
geve rise to immediate (a), stating the und	derlying DUE TO			E CONDITION GIVEN IN PART 1(a) 19. WA.	S AUTOPSY FORMED?
gave rise to immediate (a), stating the und	derlying DUE TO				
geve rise to immediate (a), stating the und cause lest.  PART II. OTHER S  20a. EXTERNAL CAU PRIMARY T or CON	DUE TO (c) IGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT		YES X	FORMED?
geve rise to immediate (a), steting the und cause lest.  PART II. OTHER S  PART II. OTHER S  PRIMARY OF CON CAUSE OF DEATH.	DUE TO (c) IGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEAS	YES X	FORMED?
geve rise to immediate (a), stering the und cause lest.  PART II. OTHER S  20a. EXTERNAL CAU PRIMARY [] or CON CAUSE OF DEATH.	DUE TO (c) IGNIFICANT CONDITIONS CO SE WAS TRIBUTING   Month, Day, Year   20d.	ERIBE HOW INJURY OCCURED. (Ent.	RELATED TO THE TERMINAL DISEAS ar nature of injury In Part I or Part II	YES X	FORMED?
geve rise to immediate (a), stering the und cause lest.  PART II. OTHER S  20a. EXTERNAL CAU PRIMARY Or CON CAUSE OF DEATH.  20c. TIME OF INJURY Hour a.m.	DUE TO (c) IGNIFICANT CONDITIONS CO SE WAS TRIBUTING  Month, Day, Year 20d Whi	ONTRIBUTING TO DEATH BUT NOT  RIBE HOW INJURY OCCURED. (Ent.  INJURY OCCURED   20e. PLACI   fector	RELATED TO THE TERMINAL DISEAS ar nature of injury In Part I or Part II	of item 18.)	FORMED?
geve rise to immediate (a), stering the und cause lest.  PART II. OTHER S  20a. EXTERNAL CAU PRIMARY — or CON CAUSE OF DEATH.  20c. TIME OF INJURY Hour a.m. p.m.	DUE TO (c) IGNIFICANT CONDITIONS CO SE WAS TRIBUTING  Month, Day, Year 19 20d. Whi	ONTRIBUTING TO DEATH BUT NOT  RIBE HOW INJURY OCCURED. (End  INJURY OCCURRED 20e. PLACI fector ork at work	RELATED TO THE TERMINAL DISEAS ar nature of injury in Part I or Part II  OF INJURY (Homa, ferm, 20f. (C), street, office bidg., etc.)	of item 18.)  (County)	NO (State)
Geve rise to immediate (a), stering the und cause lest.  PART II. OTHER S  20a. EXTERNAL CAU PRIMARY ☐ or CON CAUSE OF DEATH.  20c. TIME OF INJURY Hour a.m. p.m.  21. I certify that	SE WAS CONDITIONS COND	RIBE HOW INJURY OCCURED. (Entire Injury OCCURED)  Injury OCCURED 20e. PLACE fector ork at work at work and work	ar nature of injury In Part I or Part II  OF INJURY (Homa, ferm, 20f. (C, street, office bidg., etc.)	of item 18.)  Ity or town) (County)  In, Inquiry, and in my	NO (State)
geve rise to immediate (a), stering the und cause lest.  PART II. OTHER S  20a. EXTERNAL CAU PRIMARY — or CON CAUSE OF DEATH.  20c. TIME OF INJURY Hour a.m. p.m.	SE WAS CONDITIONS COND	RIBE HOW INJURY OCCURED. (Ent.  INJURY OCCURRED 20e. PLACE fector ork at work	ar nature of injury In Part I or Part II  OF INJURY (Homa, ferm, 20f. (Cr., street, office bldg., etc.)  an Autopsy , Inspectio	of item 1B.)  Ity or town) (County)  In, Inquiry, and in my Indetermined manner	NO (State)
Geve rise to immediate (a), steting the und cause lest.  PART II. OTHER S  20a. EXTERNAL CAU PRIMARY ☐ or CON CAUSE OF DEATH.  20c. TIME OF INJURY Hour a.m. p.m.  21. I certify that death resulted from	SE WAS CONDITIONS COND	RIBE HOW INJURY OCCURED. (Ent.  INJURY OCCURRED 20e. PLACE fector ork at work	ar nature of injury In Part I or Part II  OF INJURY (Homa, ferm, 20f. (C, street, office bidg., etc.)	of item 1B.)  Ity or town) (County)  In, Inquiry, and in my Indetermined manner	NO (State)
geve rise to immediate (a), stering the und cause lest.  PART II. OTHER S  PART II. OTHER S  20a. EXTERNAL CAU PRIMARY — or CON CAUSE OF DEATH.  20c. TIME OF INJURY Hour a.m. p.m.  21. I certify that death resulted fro	SE WAS CONDITIONS COND	RIBE HOW INJURY OCCURED. (Ent.  INJURY OCCURRED 20e. PLACE fector ork at work	ar nature of injury In Part I or Part II  OF INJURY (Homa, ferm, 20f. (C), street, office bldg., etc.)  an Autopsy , Inspectio	of item 1B.)  Ity or town) (County)  In, Inquiry, and in my  Indetermined manner	(State)
Geve rise to immediate (a), stering the und cause lest.  PART II. OTHER S  PART III. OTHER S  20a. EXTERNAL CAU PRIMARY ☐ or CON CAUSE OF DEATH.  20c. TIME OF INJURY Hour a.m. p.m.  21. I certify that death resulted fro	SE WAS CONDITIONS COND	RIBE HOW INJURY OCCURED. (Ent.  INJURY OCCURRED 20e. PLACE fector ork at work	ar nature of injury In Part I or Part II  OF INJURY (Homa, ferm, 20f. (Co., street, office bldg., etc.)  an Autopsy . Inspection  Homicide	of item 18.)  Ity or town)  County)  In, Inquiry, and in my Indetermined manner  INER  DATE S	(State)
geve rise to immediate (a), stering the und cause lest.  PART II. OTHER S  PART II. OTHER S  20a. EXTERNAL CAU PRIMARY — or CON CAUSE OF DEATH.  20c. TIME OF INJURY Hour a.m. p.m.  21. I certify that death resulted fro	DUE TO (c) IGNIFICANT CONDITIONS CO SE WAS TRIBUTING 20b. DESC Month, Day, Year 20d Whi 19 et w:  I took charge of the re- om: Natural causes	ONTRIBUTING TO DEATH BUT NOT  RIBE HOW INJURY OCCURED. (Ent  INJURY OCCURRED 20e. PLACI fector ork at work  mains described above, held Accident . Suicid	ar nature of injury In Part I or Part II  OF INJURY (Homa, ferm, 20f. (C), street, office bldg., etc.)  an Autopsy . Inspectio  Homicide  CHIEF MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER	of item 18.)  Ity or town)  County)  In, Inquiry, and in my Indetermined manner  INER DATE S	(State)
geve rise to immediate (a), stering the und cause lest.  PART II. OTHER S  20a. EXTERNAL CAU PRIMARY Or CON CAUSE OF DEATH.  20c. TIME OF INJURY Hour a.m. p.m.  21. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (Type)  22a. BURIAL, CREMATION	SE WAS  Month, Day, Year  Month, Day, Year  Hook charge of the recomm:  Natural causes  Dr. E. W. Ditti	ONTRIBUTING TO DEATH BUT NOT  RIBE HOW INJURY OCCURED. (Ent  INJURY OCCURRED 20e. PLACI fector ork at work  mains described above, held Accident . Suicid	ar nature of injury In Part I or Part II  OF INJURY (Homa, ferm, 20f. (Control of the control of	of item 18.)  If yor town)  County)  In, Inquiry, and in my Indetermined manner  INER  DATE Sor county)	(State)
geve rise to immediate (a), stering the und cause lest.  PART II. OTHER S  20a. EXTERNAL CAU PRIMARY or CON CAUSE OF DEATH.  20c. TIME OF INJURY Hour a.m. p.m.  21. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (Type)  22a. BURIAL, CREMATION REMOVAL (Specify)	SE WAS  GROWING CONDITIONS CO  SE WAS  TRIBUTING CONDITIONS CO  Month, Day, Year  White two committees of the recommittees of	INJURY OCCURRED 20e. PLACI fector of while at work Suicid Accident Suicid	ar nature of injury In Part I or Part II  OF INJURY (Homa, ferm, 20f. (Co., street, office bldg., etc.)  an Autopsy Inspection  Homicide Inspection  CHIEF MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  Address (Streat, clly, town, co.)	of item 18.)  County (County)  In, Inquiry, and in my Indetermined manner  INER DATE 8  ATION (City, town, or country) (S	(State)
geve rise to immediate (a), steining the undicause lest.  PART II. OTHER S  PART II. OTHER S  PART II. OTHER S  20e. EXTERNAL CAU PRIMARY Or CON CAUSE OF DEATH.  20c. TIME OF INJURY Hour a.m. p.m.  21. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (Type)  22a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	SE WAS  Month, Day, Year  Month, Day, Year  Hook charge of the recomm:  Natural causes  Dr. E. W. Ditti	INJURY OCCURED 20e. PLACE fector at work Accident Accident Accident Suicid Rose Hill Ce	ar nature of injury In Part I or Part II  OF INJURY (Homa, ferm, 20f. (Co., street, office bldg., etc.)  an Autopsy C. Inspection  Homicide CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  Address (Streat, city, town, co.)  REMATORY 22d. LOCE  METERY	of item 18.)  Ity or town) (County)  In, Inquiry, and in my Indetermined manner  INER	(State)
geve rise to immediate (a), steining the undicause lest.  PART II. OTHER S  PART II. OTHER S  20a. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.  20c. TIME OF INJURY Hour a.m. p.m.  21. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (Type)  22a. BURIAL, CREMATION REMOVAL (Specify)	SE WAS  GROWING CONDITIONS CO  SE WAS  TRIBUTING CONDITIONS CO  Month, Day, Year  White two committees of the recommittees of	INJURY OCCURRED 20e. PLACI fector of while at work Suicid Accident Suicid	ar nature of injury In Part I or Part II  OF INJURY (Homa, ferm, 20f. (Co., street, office bldg., etc.)  an Autopsy Inspection  Homicide Inspection  CHIEF MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  Address (Streat, clly, town, co.)	of item 18.)  Ity or town)  County)  In, Inquiry, and in my Indetermined manner  INER  DATE 8  IO-11-61  ATION (City, town, or country)  CTSTOWN Maryland  STRAR   24b. REGISTRAR'S SIGNATURE	(State)

Balance and Mare I and Mare I was a super to be a local transfer to the Jersta italianto a posa Para Sue to Contract Target Ta 200 micogi ced laimaC Total for a new term never e.a. SALES AND STOLE STOLE SALES OF THE state of the s gan, mer BEST CHILD TO RESTRICT OF THE PARTY OF THE PROPERTY OF THE PARTY OF TH The state of the s

IO HONDITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death and be retained by the hospital or attending physician.

INDIVIDUAL DIRECTOR: After this certificate has been signed by the attending physician and compared filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the burial prior to burial, cremation, or removal, and in any event, within 2 shouls death.

15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission)
Washington	b. COUNTY Washington
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
write RURAL and give neerest town) Hagerstown 48 vears	13 Hagerstown
Hagerstown 48 years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   a. IS RESIDENCE
713 Sunset Ave.	713 Sunset Ave.
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) FREDERICK JOSEPH	BROWN DEATH October 10 1061
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8.	DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male White WIDOWED DIVORCED F	ebruary 27, 1895 66 yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)	11. BIRTHPLACE (County & Stete, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
Retired Roundhouse Forman Railroad	Emmittsbirg, Maryland U.S.A.
Frederick L. Brown	14. MOTHER'S MAIDEN NAME Bertha M. Riley
(Yes, no. or unkown)   [fyes give wer or detes of service]	NFORMANT Ars. Gladys E. Brown Hagerstown, Maryland
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	least officer 2016
IMMEDIATE CAUSE (0) Congestion	reter heart doces sys +
720.0 DUE TO 1.	+ / + 1. cust
Conditions, if any, which gave rise to immediate causa	with heart areas of
(e), stating the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
War.	YES T NO P
	(Enter nature of injury in Part I or Pert II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ZOc. TIME OF INJURY Month, Day, Year   20d, INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Steta)
Hour a.m. While Not While factor	pry, street, office bldg., etc.)
	de la Contraction de la contra
21. I certify that (I) (this hospital) attended the deceased from.	April 12 1954 to 624 10 , 1961, that (1) (we) last
saw the deceased alive on 44 c. C. 196, and that	death occured at
220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED PHYS. PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) L. PACKEN IN	Hagerston M(
238. BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETERY C	DR CREMATORY 2   23d. LOCATION (City, town or county) (State)
REMOVAL (Spacify) Burial 10/12/1961 Rest Haven C	Semetery Hagerstown Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Suter - Rouzer Funeral Home Hagerstown,	Md. DATEOUT 1 3 '61 CILL & Koula

mio. TAS Senset Lite.

Sutor - Lourer tuneral home Harerstone, sic.

Contract to the contract of th . ava dasmis e.re. rco Softeed Regarded Towns Neilrond . Chert to dire, engage unordered torting as adjust Froduction . rown The same of the same of the same of the The second of the second of the second of the E Leta & Me de i i The second second not result to the last to the

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, STREET, BALTIMORE 1, MARYLAND

1	11922 CERTIFICATE OF DEATH	7
2	1. PLACE OF DEATH  e. COUNTY  b. COUNTY  b. COUNTY	
$(\mathbf{M})$	WASHINGTON MARYLAND PREDERIC	
	b. CITY OR TOWN (if outside corporeta limits, write RURAL and give nearest town)  HAGERSTOWN  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If of taide corporete limits, write RURAL and give nearest town)  RURAL and give nearest town)  A WEEKS  FREDERICK  16 X 2	own)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS   e. IS	RESIDENCE
191		N A FARM?
	3. NAME OF First Middle Last 4. DATE Month Day You DECEASED OF LOS	1 / 160
	E CEV. 1/ COLOR OR DACE! TO DAY OF MANY IN THE HANDERS AND IN THE	9 61 ER 24 HRS.
	MALE WHITE WIDOWED DIVORCED NOV. 8. 1883  Nov. 8. 1883  Nov. 8. 1883	
	108. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11, BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT	COUNTR
	MILK CONTROL SUPERVISOR HEALTH DEPT, FRONT KOYAL, VA. U.S.A	1
	FLICTT M. RUCK DELIA CLOUD	
T	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17/10/FORMANT	
7	(Yes, no. grunkown) (Ifyesgivawerordatesofservice) Logistian E. Norford Belli. Me	e.
	18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).]  ONSET AN	DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GENERALIZED CARDINOMATOS IS	DNT
	Conditions, if any, which (b) CARCINOMA OF BLADDER	RR
	gave risa to immadiate cause	,,,,,
	(e), steting the underlying cause lest. (c)	
		FORMED?
1	TES ONIC PYELONEPHRITIS  206. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)	NO ·
2	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)  Hour a.m. 19 at work et work et work	(Stata)
	21. I certify that (I) (this hapital) attended the deceased from Sept. 29, 196/., to O.C. 10, 196/., that (I)	
	saw the deceased alive on O	2b. DATE
	Futo the M. Tellagran M.D. PHYS. DIRECTOR DIRECTOR PHYS.	SIGNI
1	22c. PHYSICIAN'S 22d. ADDRESS	Med
	##101110 VI. [1720#6]103 [ 1300 ]	(Steta)
	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR GREMATORY 23d. LOCATION (City, Jown or coordin)  PROSPECT HILL FRONT ROYAL	A
	24 FINERAN DIRECTORS SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	

VR A15 (4)

15M 9/60

PROSPECT HILL FROM

ADDRESS
FRONT ROYAL, VALDATE OCT 1 6 '61 25a. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE arthur S. Krous

MI CASH NGTON FREDERICH FINERICAL RAYERS FREDERICK HARRISA REGIONAL STATE STREET, WELLEN Course Cloud BUCK of 19 WALL CHATE The Mark Street Parks MILK CONTROL SURRHING HORLS DEPT. FROMT POPEL VA ELLIOTT M BUCK DELIA CLEUD LE MES CONTRACTOR STATE

SALVE CONTRACTOR OF THE SALVEST OF T

To propose and of

ACCEPTED TO PROSPECT HIAM FROM FROM THE ALUBORA EL MERRA HEALE

FROM PROPER DAY A PAR OF THE STEEL STEELED STE

4A12.13

. IS RESIDENCE ON A FARM?

YES NO X

61

19

ONSET AND DEATH

PERFORMED? NO X

(Stete)

22 DATE

(Stete)

SIGNED

IF UNDER 24 HRS.

-----Service Control of the Control of th WALLESTON THOUSANDED Cost S. Silter AND THE REST OF THE PARTY OF TH West Land Some Address of The Control of the State of the  within 24 hours after

S. Ay carbon papers.

TO TITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exercised.

Jean, Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compared exercised. The following the physician and compared to page 3 should be detached for use as the burial-transit permit. Then please remove carbon page tiled with the State Dept. of Health prior to burial, cremation, or removal, and in any every, within 7 is a second control of the prior of

VR A15 (4) 15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11924 CERTIFICATE OF DEATH

	PLACE OF DEATH	Maria Maria		The state of the s	2.		RESIDEN	ICE (Where	deceesed li			idence	before ec	mission)
		hington		MARYL	AND	a. STATE		Md.	b.	COUNTY		sh.		
		outside corporete limits, give nearest town)	c.	LENGTH OF STAY	IN 1b	c. CITY OF	R TOWN (	(If outsida c	orporate limi	ts, write R	URAL end	lve no	erest town	)
	Hagersto			Life		Hage	rsto	own			03			
	d. NAME OF HOSPIT	AL OR INSTITUTION (if	not in hospital	l, give street addres	ss)	d. STREET	ADDRESS				= 33	1	e. IS RES	
		on County	Hosp				E. F1	rank1	in S				YES _	FARM?
3.	NAME OF DECEASED	First		Middle		Lest		4. DAT	E	Month		Day	Yeer	
	(Type or print)	Jack		Martin	-	ers		DEA	rh	0c	t.	1	19	61
5.	SEX	6. COLOR OR RACE 7				ATE OF BIRT		0.0	9. AGE (III			EAR	Hours	24 HRS. Min.
9.0	male		WIDOWED [			ay 7,			63	yrs.	140 01717	F)   0 F		DAIL IMPLIA
do	ne during most of wor	ON (Give kind of work king life, even if retired)		OF BUSINESS OR I	INDUSTRY 1	1. BIRTHPLA	ACE (Cour	nty & Stete,	of foreign c	ountry)	12. CI11Z	IN OF	WHAT CO	DUNIRY
	clerk		cit	y water					, Md	•				
13.	FATHER'S NAME				- 14.	MOTHER'S	MAIDEN	NAME						
		Walter B.						E	stel:		avis			
		R IN U.S. ARMED FORCE yes give war or dates of serv		CIAL SECURITY NO	17. INFO	DRMANT			4	Address				
	no		0 4 -	-26-7872	2 Mr	s. E1	izat	beth	Y. By	vers	, Ha	ger	ston	n, Mc
	18. CAUSE OF D	EATH [Enter only one co			Ī							INTE	RVAL BETY	WEEN
	PART I. DEATH	MAS CAUSED BY:	Carci	noma en	tire	throa	at ar	nd ch	in			27		iths
	199X	DUE TO												
B	Conditions, if eny,													
	geva rise to immedia	ite causa												
	(e), steting the un	derlying												
_	cause last.	SIGNIFICANT CONDITION	ONS CONTRI	BUILDING TO DEATH	BUT NOT PE	LATED TO 1	THE TERMI	NAI DISEA	SE CONDITIO	ON GIVEN	I IN PART 1	(a)1 19	WASAI	ITOPSY
<u>É</u>	PARI II. OTHER	SIGNIFICANT CONDITIO	JNS CONTRI	BOTING TO DEATH	BOT NOT KE	LAILD TO I	ITTE TERMI	INAL DISEA.	JE COMDIII	OIN GIVEN	INTAKLI		PERFOR	RMED?
Š												YI	ES L	40 1
CERTIF		CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY O	CCURED. (En	ter nelure o	f injury in	Pert I or Pe	rt II of item 1	IB.)				
CAL	20c. TIME OF INJUI	RY Month, Day, Yeer			20e. PLACE				City or town	)	(Count	y)	(	Stata)
	Hour e.m.	19	While at work	Not While et work	factory,	straet, office	bldg., etc	c.)						
2	p.m.	nat (I) (this hospita			t	1/1/5	3	100	- 10/	7776	10	AL	-1 (1) (	teel (ev
		iai (I) (this nospita	17/67	ine deceased	from			17 17 1	10		Henry 17	III , b	ar (1) (1	ve) lasi
	saw the decease	ed alive on		19, ar	nd that de	ath occur	ed ar	2M, Ir	om the c	auses ar	nd on th	e dai	e stated	DATE
	22a. SIGNATURE	N OIM		4		ATTENDIN		MED.	STAF		7.0	10		SIGNED
	184	soup	un	9	M.D.	PHYS.	ORESS_	DIRECTOR	PHYS	. 🗀	T	1/2	/61	
	22c. PHYSICIAN'S NAME (Type)	S.Egrl	Youn	, M.D.				otoma	c St.	, на	agers	sto	wn,	Md.
23	BURIAL, CREMATIC	ON, 236. DATE THERE	OF 2	3c. NAME OF CE	METERY OR	CREMATOR	Y	23d. LC	CATION (	City, town	or county)		(Ste	ete)
	REMOVAL (Specify)	Oct. 4	, 61 F	Rose hil	1 Cen	neter	у	Ha	gerst	town	, Md	•		
24	FUNERAL DIRECTOR	'S SIGNATURE	TO THE	ADDRESS			2Sa. RE	C'D BY REC	GISTRAR 2	5b. REGIS	TRAR'S SI	GNAT	URE	
	Scott F.	Minnich	& Son	, Hagers	stown	, Md.	DATE	T 4 '	61	الماناسا	A # 10	هسم		
		At the second se												

inedanished

-ministerski

United B. Prepare

Insignation County Houseleas

. 13 Eranklin St.

Jack Starking Special Stark

Ed Best . Tyrk sing of the office

.by .mastaremm .dool irestown .dla

Comment of the state of the state of the or story, see.

Oct. b. 61 Beer 1 11 Conclety Magazatova, Mr.

Scott F. Mington & Son, Hagerstown, Md. Cole while

VR A15 (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11925

11911

	1. PLACE OF DEATH o. COUNTY	MARYLAND	o. STATE	ere deceosed lived. If institution b. COUNTY		
ŀ	b. CITY OR TOWN (If outside corporate limits, write		c. CITY OR TOWN (If or	utside corporate limits, write R	WASHIN	
	RURAL and give nearest town) CONOCOCHEAGUE	14 WEEKS	l V	RING. MD.		
	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	GATEWAY NURSING HOM	TE	MAIN ST.			YES NO#
	3. NAME OF DECEASED First	Middle	Last	4. DATE Mon	nth Do	ay Yeor
	(Type or print)  5. SEX   6. COLOR OR RACE   7. MAI	A. Maria A.	ARBAUGH B. DATE OF BIRTH	DEATH OCT.	THE HINDER TYPAL	19 61 R IF UNDER 24 HRS.
		RRIED NEVER MARRIED DIVORCED DIVORCED	BEAD & TAM	lost birthdoy)	Months Doys	Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done 10b		ISTRY 11. BIRTHPLACE (Store of	70	12. CITIZEN O	F WHAT COUNTRY?
	during most of working life, even if retired) HOME DUTIES	HOUSE WORK	FULTON CO	D. PA.	U.S	. A.
1	13. FATHER'S NAME	10000	14. MOTHER'S MAIDEN N.			
1	JOHNATHAN SHIVES		JANE PECK			
ı	(Yes, no, or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 17. I	NFORMANT		WAYSIDE	
	NO NONE	NONE	FRANK T. MC	DONALD, HAG	ERSTOWN	
	1B. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY:	(ine for)(a), (b), and (c).	madine	Failure		ERVAL BETWEEN
	IMMEDIATE CAUSE (o)	- Lucia (	a quic	- January	1	Sary
	Conditions (f ony which)	Hyperter	rouve of	Clerose	2 (	3420
1	gove rise to immediate DUE TO	//				0
	lying couse lost. (c)					
١	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(0)	PERFORMED?
١	20g. ACCIDENT WAS UNDERLYING 20b. DE	ESCRIBE HOW INJURY OCCURRE	ED /Enter nature of injury in P	ort Lor Port II of item 18 )		YES NO
	OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	co. (chief holore or injury in t	on for form of them is.		
١	20c. TIME OF INJURY Month, Day, Year 20d. Hour o.m. p. m. 19 of w.	t.	ACE OF INJURY (Home, form, ectory, street, office bldg., etc.)		(County)	) (Stote)
	p. m. 19 of wo	ork ot work	1/1/			
١	21. I certify that (I) (this haspital) after					hat (I) (we) last
١	saw the deceased alive an UCA	2 196 / and that	death accurred a XV	M, 4rd h lihe causes an	id an the date	e stated abave.
	Howid & Dru	ver	M.D. ATTENDING ME	D. STAFF	10,	14/6 SIGNED
	22c. PHYSICIAN'S DAVID R	Brewe	T Clea	Sprin	9 Mi	d,
	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, town,	,,	(State)
	BURIAL 10/6/61	ANTIETAM NA	TIONAL CEM.	SHARPSBURG	G MD	JRE
	Mars & B Dance O	CLEAR SPRIN	G MD DATE		Inthur S. H	

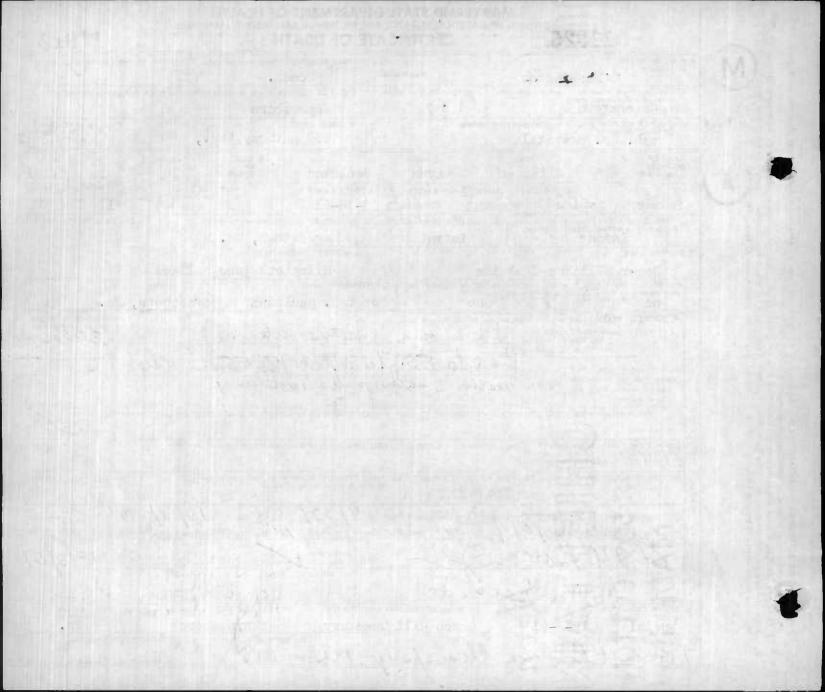
- I Modernia en THE PROPERTY OF THE PROPERTY O THE REAL PROPERTY OF THE PARTY THE REPORT OF THE PARTY OF THE AND THE PERSON AND PROPERTY OF THE PERSON AND PARTY OF THE PERSON AND PARTY. LEGISTAL SE Present to the college and a state of the confidence and the the confiden 11926

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11912

1. PLACE OF DEATH o. COUNTY	Washington		MARYLA		USUAL RESID	ENCE (Whe	re deceased live	d. If institution b. COUNTY	on: Residence be	efore admission	)
b. CITY OR TOWN (If RURAL ond give ne	outside corporate limi arest town)		c. LENGTH OF STAY IN	V 16		own (if our	tside corporote	limits, write RU	JRAL ond give	nearest tawn)	
OR INSTITUTION	AL (If not in hospital, go. Hospital		ddress)		d. STREET AC	DDRESS	ony Ave	٠,	75×	e. IS RESIDE	ARM?
3. NAME OF DECEASED (Type ar print)	Fir Eliza		Middle Lynn	Ca	lost aulkins		4. DATE OF DEATH	Mont 10	th -	Day Yea	67
s. sex female	6. COLOR OR RACE white	7. MARRI WIDOWEI	ED NEVER MARRIED DIVORCED		ATE OF BIRTH		9. A	GE (In years ast birthday) yrs.	Months Day	AR IF UNDER 2	24 HRS Min.
	N (Give kind of wark of ing life, even if retired ant	done 10b. N	infant	INDUSTRY			r foreign cauntr 11, Md.	у)	12. CITIZEN	OF WHAT COL	UNTRY
13. FATHER'S NAME Roger W	illiams Ca	ulkin	S	1	4. MOTHER'S /		h Jane	Wallace			
15. WAS DECEASED EVER		CES? 16. S	social security no.	17. INFO				Addr		•	
	n mediate	Pres	reture vie ther 3 cul	poter the jo	ne of to	he he to de	enine udisoro livery	) son t	he	30 kg	CLY
PART II. OTH	er significant con	DITIONS C	ONTRIBUTING TO DEAT	H BUT NO	T RELATED TO	THE TERMIN	IAL DISEASE CO	NDITION GIV	EN IN PART 1(a	19. WAS AU PERFORM YES 1	MED?
20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	CURRED. (E	nter noture of	injury in Po	ort I or Part II o	of item 1B.)			7
OR CONTRIBUTING (IF EITHER, NOTIFY)  OC. TIME OF INJURY  Hour a.m. p.m.	Y Manth, Doy, Ye	20d. IN While at wark	_ Not while _		OF INJURY (H , street, office		20f. (City or t	own)	(Coun	ty)	(Stote
21. I certify that	100	attende	ed the deceased fr		9/30,	at 7.47!	M, fram the	causes an		that (I) (we ate stated a	
22c. PHYSICIAN'S NAME (Type)	1. Boc	on	9th	M.D	ATTENDING	MEI	D S	TAFF HYS.		10/3/	GNE
23a. BURIAL, CREMATION REMOVAL (Specify)	N, 23b. DATE THEREC	)F	23c. NAME OF CEMET	ERY OR CI	REMATORY		23d. LOCATION	(City, town, o	or county)	(State)	
burial 24. FUNERAL DIRECTOR'S	10-3-61 S SIGNATURE		Green Hill	Ceme	etery	25a. REC'D	Waynes BY REGISTRAR	T	STRAR'S SIGNA	Pa.	
Margare	t Kowlac	ed (	learspi	my,	me	DATE ()	CT 5 '61	0	lulus & 1	Tours.	
2081302	XV4 .		,	/							



DIVISION OF STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY e. STATE b. COUNTY by the and 2 seed death. b. CITY OR TOWN (if outside corporate limits, MARYLAND WASHINGTON
c. CITY OR TOWN (If outside corporeta limits, write RURAL and give neerest lown) MARYLAND c. LENGTH OF STAY IN 1b þ write RURAL and give neerast town) .5 7 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE ON A FARM? YES NO HOSP NAME OF DECEASED OF (Typa or print) DEATH 8. DATE OF BIRTH OCTOBIEL 19 WASHINGTON AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdey) Months Hours WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? remove done during most of working life, even if ratired) ABORIER MT · BRIER WASH · CO. MD USA 13. FATHER'S NAME please attending pue MARCARET WRIGHT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then oval, (Yes, no, or unkown) | (Ifyasgive war or detes of service) REEDYSVILLE MD.K. -10-3745MRS SARAH CLARK the 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).) INTERVAL BETWEEN physician. ONSEL AND DEATH þ PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) signed burial-transit DUE TO No Vos well Direse been geve risa to immediate ceuse DUE TO (a), steting the underlying the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? 95 NO Z use prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter nation of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH for the After this (IF EITHER, NOTIFY MEDICAL EXAMINER! defached 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not Whila Hour a.m. DIRECTOR: / at work at work 195% to. 19.64, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from... 19.61, and that death occured at A.M., from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22a. SIGNATURE SIGNED PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN ECONDARI director, l 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) ('EMETIERY OI 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 200 NS BORO DATE OCT 1 0 '61 15M 9/60 Cirling & There

RYLAND STATE DEPARTMENT OF HEALTH

TO MADE TO MATERIAL OF TO MATERIAL OF THE PROPERTY OF THE PROP ARMST TALL LAND Y STRUKE - MUJOTORIS CELL AND DAY STATE OF THE PARTY OF THE PARTY GEORGIE WASHINGTON CLARKE DETONICHER DETONICHER MALE CRESRED PARTY TO TEXT TO TEXT TO LABBERK KK.Co. MT ENER WAR LENDINGS THOUSE CEARS MARKETS WISINES NO SECTION STANKS SAVAN CLARKE NEED PARTIE AN Cerebral Removings Hayland and which with the one I Compeller Earl for Con-Maril St On E I BE 7-10000 Jose Per Secondar Books Louis a Hell FROMAL BETTE 1961 (THEE HILL CEMETRY) HAS TUSTONEY WAS IN THE POLICE The first (Seems Rose MD .... The train

within 24 hours after funeral death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compressly filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 is be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

44000

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1328					110	
1. PLACE OF DEATH				DENCE (Where dece		ition: Residence	before admission
	ington	MARYLAND	a. STATE Me	aryland	b. COUNTY	Washin	gton
b. CITY OR TOWN (if out	side corporate limiRFD	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside corpore	ete limits, write RUR	AL end give ne	erest town)
Rural Willia	amsport# 2	2 yrs.	Rural 1	Williamsp	ort RFD	#2	
d. NAME OF HOSPITAL	OR INSTITUTION (if not in ho	espitel, give streat address)	d. STREET ADD	RESS			e. IS RESIDENCE
Extine Road	d Williamsp	ort RFD #2	Extine 1	Rd. Willi	amsport	RFD2	YES NO
3. NAME OF DECEASED	First	Middle	Lest	4. DATE OF	Month	Dey	Yeer
(Type or print)	Theodore	Cleveland	Clipp	DEATH	Oct.	31	19 61
5. SEX 6.	COLOR OR RACE 7. MARRI	ED X NEVER MARRIED   B	DATE OF BIRTH		AGE (In yeers   IF UI		F UNDER 24 HRS.
	hite   wibow	ED DIVORCED	March 4	1905   5	6 yrs. 7	1ths 26	Hours Min.
10a. USUAL OCCUPATION done during most of working	life, even if retired	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(County & State, or for	reign country) 1	2. CITIZEN OF	WHAT COUNTRY
Labor	Bui	lding Blocks	Maryla	nd		U.S.	A
13. FATHER'S NAME			14. MOTHER'S MA				
	d Clipp		Ida	Huff			
15. WAS DECEASED EVER IN	U.S. ARMED FORCES? 16 give wer or defes of service)	SOCIAL SECURITY NO. 17. I		Ex	tiffe "Ro	ad	
No	[23	35 12 1022Mrs	. Daisy	Clapp Wi	lliamspo		RFD 2
	TH [Enter only one couse per	line for a), (b), end (c).)	10		40		ET AND DEATH
PART I. DEATH W.	EDIATE CAUSE (e)	c my acq	ndial	ary are	nou_	PIN	leditite
420.1	DUE TO		, , , 4				7,
Conditions, if any, w	1-/						
geve rise to immediate of (a), steting the under	DISE TO						
ceuse lest.	) (c)			<u> </u>			
PART II. OTHER SIG	GNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE T	TERMINAL DISEASE CO	ONDITION GIVEN IN	4 PART 1(a) 19.	PERFORMED?
PART II. OTHER SIG						YE	s No
E 200. ACCIDENT WAS LE OR CONTRIBUTING □	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURED	. (Enter neture of inju	ary in Pert I or Pert II of	f item 1β.)		
							40
20c. TIME OF INJURY Hour e.m.	Month, Dey, Yeer 20d. Whi	for all	CE OF INJURY (Homo ory, street, office bldg		or town)	(County)	(Steta)
¥ p.m.	19 et wo				11		
21. I certify that	(I) (this hospital) Atten	nded the deceased from	10/31/6	.f., 19, to	10/31/6	19, the	at (I) (we) las
saw the desgased	alive on 6/5/	, and that	death occured	at. M; from t	the gauses and	on the dat	
220. SIGNATURE	()		ATTENDING_	MED.	STAFF	. /	22b. DATE
1 all	X FIJOU	MA ON M		DIRECTOR _	PHYS.	1/1//	4
226. PHYSICIANS	19		22d. ADDRESS	5		//	
		11				-/-/-	46
23a. BURIAL, CREMATION, REMOVAL (Specify)	1 / - /-	Rosehill Ce	emetery		TON (City, town or 's town	Md .	(State)
Burial	Nov. 3-61	MOSEULTIT OF		1			INC
24 FUNERAL/DIRECTOR'S	HONATHRE 1714	Me ADDRESS +	112	MOV 2 101	AR 25b. REGISTR	AR'S SIGNATU	JRE
(1VDen Xo	Lear Will	ecamopou 1	DA	TE NOV 2 '61	Cini	un & Trai	14

nessucides

nod introduced the transfer

Tured william ports 2 2 yes. Tured william port all #2

I de decembert and a still william of the second and a still a second and a still a second and a

Theologe Cleveland Cito ecologic

March 4 1 205 56 7 26 the sain's single

Eullding Liocks Maryland In the Land

The Rel David Chipp

235 12 1022Erg. Delay Clare Hills grooms in less 2

to my ocarded Joseph to the sampling

Mov. 3-61 Weschill Cemetery Hagerstown

MARYLAND STATE DEPARTMENT OF HEALTH

HIASO AD ETABLEISED THE SHAWS THE STATE OF THE STAT The state of the s HIGH CHEEK TO SEE THE SHEET THE SECURITY 

## MARYLAND STATE DEPARTMENT OF HEALTH

<b>DIVISION OF STATISTICAL</b>	RESEARCH AND RECORDS,	301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
11930	CERTIFICATE	OF DEATH	11916

1. PLACE OF DEATH	н			2. USUAL RES	SIDENCE (Wh	are dacaasad lived, l	f institution: Re	sidence bafore edmission)
e. COUNTY	shington		MARYLAND	a. STATE	Maryland	b. cou		hington
b. CITY OR TOWN	(if outsida corporata limits,		c. LENGTH OF STAY IN 16			corporete limits, wr		
Hagerst	d give neerest town)		52 years	03	Hagerst	own		
	ITAL OR INSTITUTION (if n	ot In hospit	tel, giva straat addrass)	d. STREET AD		701171		a. IS RESIDENCE
	gton County H	ospit			wood He			YES NO
3. NAME OF DECEASED	First		Middla	Last	4. DA		_	Day Year
(Typa or print)	MAE		SMITH	CONRAD	DE	атн Octobe	r 2	7 19 61
5. SEX Femal e	6. COLOR OR RACE 7.	MARRIED		B. DATE OF BIRTH	, 1883	9. AGE (In year last birthday) 78 yrs.		EAR IF UNDER 24 HRS.  Bys Hours Min.
1Da. USUAL OCCUPAT	TION (Give kind of work		D OF BUSINESS OR INDUST	RY   11. BIRTHPLAC	E (County & Sta	te, or foraign country	)   12. CITIZ	EN OF WHAT COUNTRY
Housewif	orking life, avan if retirad)			Pulasi	ci, Vir	inia	U.	S.A.
13. FATHER'S NAME	ielding Smit	h		14. MOTHER'S M		rm sv		
	VER IN U.S. ARMED FORCE		OCIAL SECURITY NO.   17.	INFORMANT	Mary L	Addre	55	
	lfyes giva war or datas of sarv	ice)			Cople	y Hagers		id.
Conditions, if engevarise to immed (e), stating the Leause last.	dieta ceusa undarlying DUE TO		Terios clers				IVEN IN PART 1	(a)  19. WAS AUTOPSY
OIL	Fract		Rt lies					YES NO
OR CONTRIBUTING	AS UNDERLYING 2 2 CAUSE OF DEATH Y MEDICAL EXAMINER)	Ob. DESCI	RIBE HOW INJURY COURED	). (Entar nature of in	ijury In Pert I or	Part II of itam 18.)		
Y 20c. TIME OF INJU-	URY Month, Day, Year	20d. IN Whila at work	Not While fac	ACE OF INJURY (Ho tory, streat, office bl		(City or town)	(Count	y) (Steta)
saw the decea			ed the deceased from. 19.61., and that	death occured	at.ZAM,			e date stated above
220. SIGNATURE	ueston	eros	۸ .	ATTENDING PHYS.		R PHYS.		22b. DATE 0 3 SONE
22c. PHYSICIAN'S NAME (Type		rison	M. D.	22d. ADDRE		rstown, Ma	aryland	
23a. BURIAL, CREMAT REMOVAL (Specify	TION, 23b. DATE THEREC		23c. NAME OF CEMETERY			LOCATION (City, 1	own or county)	
Burial	10/30/19		Rest Haven Ce			gerstown		Md.
Suter The	er's signature ouzer Funeral	Home	Hagerstown.		ATE NOV 1	registrar 25b. R	Inthun S.	

## ON COLD

is mentioned.

adin'i ba

ro ning.

STERVE

resince the continued

to the total

Sini ril , ilesin

11 Ctyles 27 L1

Jain poomers

none and the second of the sec

Color of the second of the second

feel The strongt

. . nosings from

n coloresta vitamed novol tass fiel 00/00 [sepa tt. - onser meet one searton, -.

dentities, and the

act without

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11931 CERTIFICATE OF DEATH 11917

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whara dacaased livad, If institution: Residence before admission)
	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown)  MARYLAND  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
Hagerstown Maryland 3 Days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address)  Washington County Hagerita 3	Rural Hancock Nd.  o. IS RESIDENCE ON A FARM? YES IN NO I
Washington County Hospital  3. NAME OF DECEASED  Middle	Last 4. DATE Month Day Year
(Type or print) ELLA	COONROD DEATH 10 25 1961
5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	B. DATE OF BIRTH  9. AGE (In years lest birthday)  Norths Days Hours Min.  12. 7.8 7.000  4.00 yrs.
IDa. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  10b. KIND OF BUSINESS OR INDUST	12.10.1900
Housekeeping  13. FATHER'S NAME	Bedford County Penna U.S.A.
	Emma Clingerman INFORMANT Address
(Yas, no, or unkown) (Ifyas give war or datas of sarvice) None M	onwin Bohmon Dunol I Clarks N W
18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).]	arvin Bohrer Rural 1 Clyde N.Y
PART I. DEATH WAS CAUSED BY:	ONSET ADMODEATH
IMMEDIATE CAUSE (a) UNE m 10	U interior
DUE TO	de 1 de month
Conditions, if any, which gave risa to immadiate causa	of Cervix uteri 9 months
(a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES \( \sum \) NO \( \sum \)
	D. (Enter natura of injury In Part I or Part II of item 18.)
	ACE OF INJURY (Homa, farm, 2Df. (City or town) (County) (Stata) ctory, street, offica bldg., atc.)
21. I certify that (I) (this hospital) attended the deceased from	
	at death occured atAM, from the causes and on the date stated above.
	M.D. ATTENDING MED. STAFF DCT. 25 1961
22c. PHYSICIAN'S YOUNG E. CHUN	1500 penna. Ave, Hagerstown, Md
236. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	
Burial 10.29.61 Rose Cemete 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE
11- 1 0 11	0 0CT 3 0'61 0-11 - 0 - 1
House & stone hanco	DATE COLUMN S. FLAME

nesale

Lasing to County Sangles

THE PARTY OF THE P

The second secon

Day showed house of Do Singly

SHORT LAND CARE TOO

that show yet it fluggit

. H. H. H. Land Sheet Land to to the Sales

. . . but I dam sitted diver-

0) 11 20 20 20 20

F. E. C.

TO HE TITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Tage 4 may be retained by the hospital or attending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and company filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

2

MARYLAND STATE DEPARTMENT OF HEALTH

of statistical research and records, 301 w. preston street, baltimore 1, maryland 11932 CERTIFICATE OF DEATH 11010

/  =		
1.	1. PLACE OF DEATH  e. COUNTY  2. USUAL RESIDENCE (Where	decessad livad, If institution: Residence before admission) b. COUNTY
	WAShington MARYLAND MARYLAND	CARROLL
	b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporata limits, white RURAL and give nearest town)	
	HAGERSTOWN Month	DETOUR
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)  d. STREET ADDRESS	a. IS RESIDENCE
	WESTERN Md. STATE HOSPITAL RUNAL	06 X - 2 YES NO F
3	3. NAME OF First Middle Last 4. DATE	
	DECEASED (Type or print) TOAM DEAT	10 10 11
5	E COSDEIV	9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	Mal = 11. + " MAKRIED TO MAKRIED TO	last birthday) Months Days Hours Min.
1/	While while widowed Divorced Naly 9, 1880	8 yrs.
	10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired)	or foraign country) 12. CITIZEN OF WHAT COUNTRY?
	GUARD ShipYARD MARYLAN	n d
13	13. FATHER'S NAME	
	NOSHUAS, COSEEN AND PRO	ctep
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT	Address
1,	(Yes, no, or unkown) (Ifyasgivewarordetasofservica) 214-20-7334. Rolph Cosden	Detaux Wal
-	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: LOBULBR PNEUMONIA	ONSET AND DEATH
	1334	17/3
	DUETO PARRICIMA AT PRAST	DIE ID MANY
	Conditions, if any, which gave rise to Immediate cause	10 1010114
	(e), steting the underlying DUE TO	THE RESERVE OF THE PARTY OF
	ceusa last, (c)	
No.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE    CEREBRAL THROMBOSIS	E CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
13	3 CEREBAAL THROMBOSIS	YES NO
E	20a, ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part OR CONTRIBUTING   CAUSE OF DEATH	II of itam 18.)
9	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
3	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED   20a. PLACE OF INJURY (Homa, farm, 20f. (Ci	ity or lown) (County) (Stata)
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (Ci Hour a.m. While et work at work at work	
2		Oct 19 10 6/ 11 (1) (1)
	21. I certify that (I) (this hospital) attended the deceased from 327	
	saw the deceased alive onO.Ct12,196., and that death occurred at	
	220. SIGNATURE ATTENDING MED.	STAFF SIGNED
	Hulorio V. Tellogran M.D. PHYS. DIRECTOR	PHYS.
	22c. PHYSICIAN'S NAME (Type) ANTONIO U. PALLAGROSI 22d. ADDRESS PLN 22.	a. Ne Hagerstown, red
2		CATION (City, town or county) (Stete)
	BURIAL 10-16-61 Loudon PARK BA	actimore M-
2		STRAR 25b. REGISTRAR'S SIGNATURE
1	GEO. L. Schwab Folker a 1984 E ane DATOCT 16'61	- 1 0 10
_	Francis W. Milla 2101 miderila une DATOS	

558.1 S gallet house A 42 mile Land your the man When the second property of the second Western out the street to put the street deligo y files Des been a cesselen e Hann Beet tele BURGER 10-16-67 LONG BOOK BOOK ESPECIALLY The same of the sa

VR A15 (4) 15M 7/61

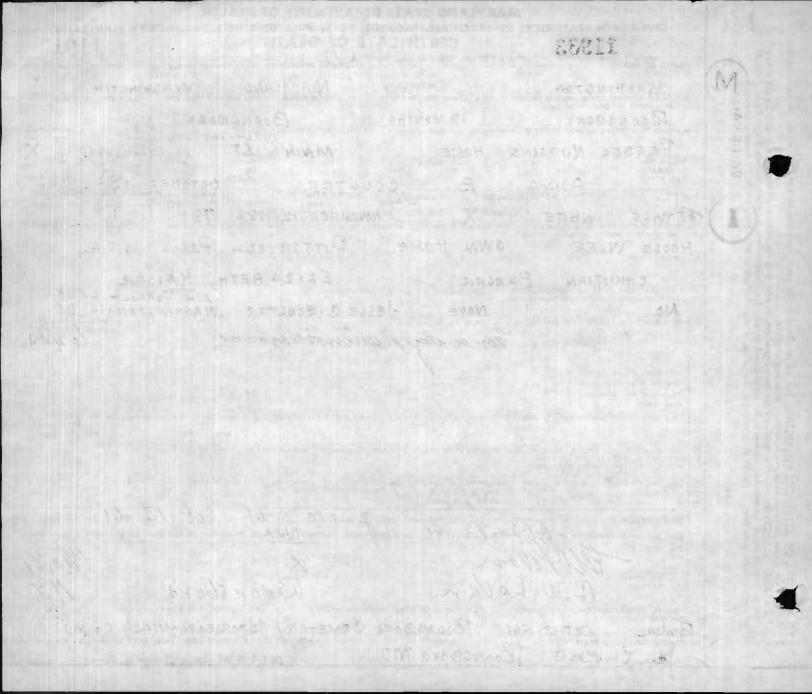
#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11033

CERTIFICATE OF DEATH

T+m 2 Wilm (20)	10/25/61 1 11/2
1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	a, STATE b. COUNTY Ment gamery
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	
1000NSBORD 13 MONTHS	BOONS BORD 15 X 2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS 16214 Verlich Lane   ON A FARM?
KEEDER NURSING HOME	WAN///STI/P.O. Wash. 16, D. CYES NO X
3. NAME OF First Middle	Last 4. DATE Month Day Yeer
DECEASED (Type or print)	OF DEATH A A TABLE 10 (. )
5. SEX 16. COLOR OR RACE T MARRIED TO MEVER MARRIED TO	OULTER DEATH OCTOBER - 13 - 1961 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	last birthdey) Months Days Hours Min.
FEMALE WHITE WIDOWED DIVORCED	NOVEMBER-12-1882 78 yrs. 11 1
	TRY 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY?
At the second of the second	DITTERMENT DELLA LICA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHISISTIAN BERGIER	ELIZABETH KAISER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown)   (Ifyesgive war or dates of service)	INFORMANT G214 VGRLICH LANE
NO NONE DE	ESSE C. COULTER WASHINGTON-16-D.C.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	attenosclerosis ONSET AND DEATH
IMMEDIATE CAUSE (a) UENERAUSE	and the second
DUE TO	
Conditions, if eny, which (b)	
geve rise to immediate cause (e), stating the underlying  DUE TO	
cause last.	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIB	PERFORMED? YES NO NO
S - ASSESSMENT WAS INDEPENDENCE TO LOOK DESCRIPTION OF THE PROPERTY OF THE PRO	
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUR	ED. (Enter neture of injury in Pert I or Pert II of item 18.)
1.	LACE OF INJURY (Home, tarm, ' 20f. (City or town) (County) (State)
Hour e.m. While Not While	ectory, street, office bldg., etc.)
	900 (0 1961, to 6.75 1/3, 1961, that (1) (we) last
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on Jan 1961, and the	death occured A.M. from the causes and on the date stated above.
22e. SIGNATURE	ATTENDING MED. STAFF 226. DATE
- YUNGWAN	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) (- Whelan	Woon Shore Ma
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER)	OR CREMATORY 23d, LOCATION (City, town or county) (Stete)
REMOVAL (Specify)	
BURIAL OCT-15-1961 DOCNSBOR	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. VEC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Jan M. Voist BOONSBORD NID	· DATE OCT 1 9 '61 archy S. thous



tem 18 Film 301 11-2 A RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) . COUNTY Page COUNTY delay is necessary. Washington Maryland could be executed within 24 hours after death. It delay is necessar, in pencil in Item 18. Give Pages 1, 2, and 3 to the Twineral director. Pa Office along with form PM3. Page 5 may be retained for your files burial-transit permit. File pages 1 and 2 with the State Board of Heal moval, and in any event within 72 hours after death. MARYLAND washington b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give naerest town) Hagerstown, Md. Life time Hagerstown, Maryland. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 45 Blooms Alley Washington County Hospital YES NO Middle DATE Month DECEASED OF (Type or print) DEATH 1961 James Cross 30 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Days Hours Male WIDOWED DIVORCED Colored 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Laborer Hagerstown, Maryland USA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter J. Cross Woodyard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) 11225-14-6224Mrs. Ella Mack 410 World war Sumans 18. CAUSE OF DEATH |Enter only ona ceuse per line for (e), (b), and (c). INTERVAL BETWEEN Lobular Pneumonia ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac hypertrophy DUE TO removal, This certificate should Fatty Change of Liver, marked Conditions, if eny, which (b) should be forwarded to the Chief Medical Examiner's C **FUNERAL DIRECTOR**: Page 3 should be used as a tis designated agent, prior to burial, cremation, or rem gave rise to immediate causa Pulmonary Congestion & Edema DUE TO (e), steting the underlying causa last. Aspiration of Vomitus (Agonal) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES TH NO 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 2Dc. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Steta) fectory, street, office bldg., atc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection nauiry and in my opinion agent, Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, lown, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or country) A REMOVAL (Specify) ö P40 Hagerstown Md. 24a. REC'D BY ALGISTRAR VS. A15ME NOV 6 arthur & Kraus 5M 7/59 DATE

white we Crosm

GOLD SHILL SHIP ALL PROPERTY AND ALL PR

washing on a planta Houseak as the block as the service of

Bristheon ANE THE COMMENTS

. ha displayed the content of the same

and the state of t

AND REPORTED AND PARTY OF THE P

Lever Charles Charles and Constant Cons

FOR STATE HEALTH DERT. TO DE STY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death.

y delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to measurerel director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of blooms or its designated agent, prior to burial, cremation, or removal, and In any eyent within 72 hours after death.

VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11935 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11094

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whare dacaasad lived, If institution: Rasidance before admission)
Was hington MARYLAND	a. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (il outside corporate limits, write RURAL and give nearest town)	c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hagerstown Life	Hagerstown 03
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?
101 W. Lee Street	1317 Oak Hill Ave.
3. NAME OF First Middla DECEASED	Last 4. DATE Month Day Year
	DANZER, JR. DEATH October 6 1961
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.    Age   Months   Days   House   Min
	December 27, 1913 47 yrs. Months Days Hours Min.
dona during most of working life, avan if ratired) 10b. KIND OF BUSINESS OR INDUST Metal Fabricatio	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Secretary-Treasure Company	Hagerstown, Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Roy Danzer, Sr.	Mary Skiles
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
1es W.W. 11 214-09-0197 M	rs. Jeanette Darner Danzer Hagerstown, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thrombotic Occlusion	on Of Ant. Decending Coronary Recent
434.1 DUE TO	
Conditions, if any, which \ (b) Coronary Atherosc	erosis. Severe
gave rise to immediate cause (a), stating the underlying DUE TO	
cause last. (c) Cardiac Hypertroph	nv
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PERFORMED? YES T NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTION TO DEATH BUT NO CONTRIBUTION TO CONTRIBUTION TO CONTRIBUTION TO CAUSE WAS PRIMARY TO CONTRIBUTION TO CAUSE OF DEATH.	Enter natura of injury in Part I or Part II of itam 18.)
CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stata)
Hour a.m. 19 at work at work	iory, sileer, office brogs, etc.,
21. I certify that I took charge of the remains described above, he	eld an Autopsy x, Inspection , Inquiry , and in my opinion
death resulted from: Natural causes X. Accident . Suid	cide . Homicide . Undetermined manner
	CHIEF MEDICAL EXAMINER
SIGNATURE No THE BUILD	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	DEPUTY MEDICAL EXAMINER  10-7-61
EXAMINER'S Dr. E. W. Ditto. Jr.	Addrass (Street, city, lown, or county)
22a. BURIAL, CREMATION, REMOVAL (Spacify) 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d, LOCATION (City, lown, or country) (State)
Purial 10/9/1961 Rose Hill Ceme	
Suter - Rouzer Funeral Home ADDRESS	24a. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE
R. Farklin Norgan Hagerstown,	Maryland DACT 9 '61 Chilles S. Khaus

lol F. Lee Biret

203 - 7. 00 00

\*I 'I L

Car

District Arach

the cto

L, EL . I

n of the all

7 - 1

TE. ... II Personal Constant C

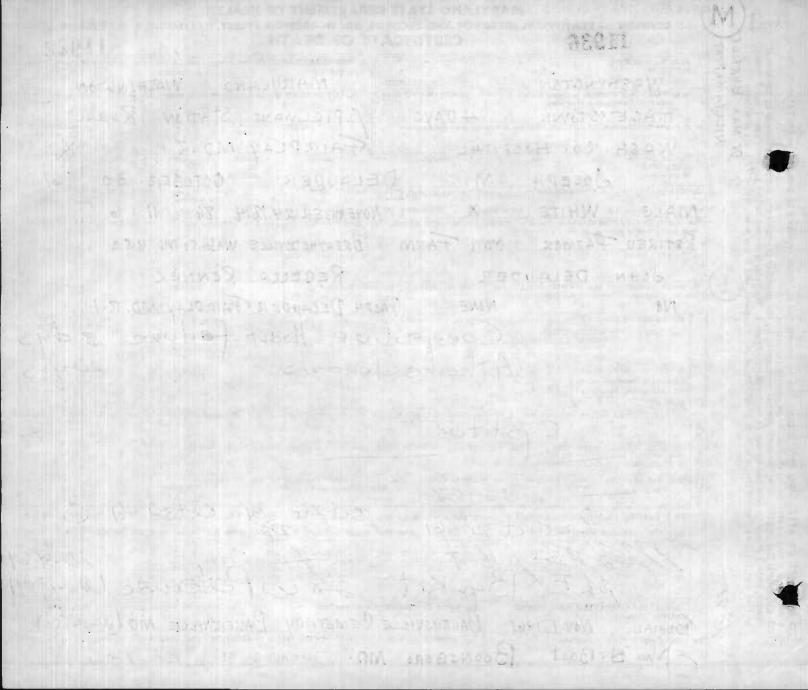
transfer of the all the art of the article of the a

THE CONDING ALMERCACION ORDER

10/0/1911 tone will be not a first tone

And the september of th

AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RESTON STREET. BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1 funeral within 24 hours after Y 0 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution: Residence before edmission) a. COUNTY 10 a. STATE b. COUNTY b. CITY OR TOWN (if outside corporete limits, MARYLAND c. CITY OR TOWN (V outside corporate limits, write RURAL and give nearest town) でかじし death 0 pue c. LENGTH OF STAY IN 16 þ write RURAL and give nearest town) DK. MAX .5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) STATION Pages DIELMANS d. STREET ADDRESS . IS RESIDENCE ON A FARM? NAME OF YES V NO papers. PATE Middle DECEASED comp (Type or print) DEATH within 196/ TUBFIZ carbon AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH and last birthday) Months Deys DIVORCED MALE WIDOWED X 86 physician 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) ETIRED PARMER REATHEDSVILLE WASH. CO. IYUL M.S.A attending ph Then please 13. FATHER'S NAME MOTHER'S MAIDEN NAME and ELAUDER OCHN Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give we rar detes of service) The law requires that signed by the the hospital or attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the burial-transit DUE TO Conditions, if eny, which After this certificate has been gava rise to immadiate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY as PERFORMED? NO DA prior detached for use 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) Health MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, ferm. (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Not Whila While Hour e.m. 3 should be det at work | et work D. m (I) (this hospital) attended the deceased from OC Q.L., and that death occurred at 2.35M, from the causes and on the date stated above; saw the deceased alive on. 220. SIGNATURE 22b. DATE ATTENDING MED. STAFF DIRECTOR PHYS FUNERAL PHYS. MD director, page be filed with the 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERALADIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 1SM 7/61 CONSBERO DATE NOV 2 Circhar & Kraus



within 24 hours after

The law requires that the death certificate be execu-

## MARYLAND STATE DEPARTMENT OF HEALTH

IVISION OF STATISTICAL F	RESEARCH AND RECORDS,	301 W. PRESTON ST	TREET, BALTIMORE 1,	
11937	CERTIFICATE	OF DEATH		1192

1. PLACE OF DEATH  e. COUNTY				CE (Where decessed lived, If institutions b. COUNTY	Residence before admission)
Washington		MARYLAND	Maryland	207 3 1	
b. CITY OR TOWN (if outside corporate RURAL and give nearest		LENGTH OF STAY IN 16	c. CITY OR TOWN (	If outside corporete limits, write RURAL an	d give nearast town)
Hagerstown	Own,	5 Days	3 H	agerstown	
d. NAME OF HOSPITAL OR INSTIT	UTION (if not in hospitel,		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Washington Co	unty Hosp	ital	601 Fre	derick St	YES NO
3. NAME OF DECEASED	First	Middle	Lest	4. DATE Month	Day Yeer
(Type or print) JA	INE	IDLA D	ICK	DEATHOctober 23	1961 19
5. SEX 6. COLOR C	OR RACE 7. MARRIED	NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years   IF UNDER	
Female Whi			ne 19 1895	last birthday) Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kin	d of work 10b, KIND	OF BUSINESS OR INDUSTR			IZEN OF WHAT COUNTRY?
done during most of working life, eve Housewife	n if refired)	Own Home	Maplevil	le Wash Co Md	USA
13. FATHER'S NAME		11	14. MOTHER'S MAIDEN	NAME	
Edward Ken	nedu		Jennie	Butts	
15. WAS DECEASED EVER IN U.S. AR	MED FORCES?   16. SOC	IAL SECURITY NO. 17. 1	NFORMANT	Address	
(Yes, no, or unkown) (Ifyesgivewero	rdetes of service)	None He	nry J. Dio	k 601 Frederick	ct
18. CAUSE OF DEATH [Enter	only one cause per line fo			rstown Md.	INTERVAL BETWEEN
PART I. DEATH WAS CAUS	ED BY: Caver	nous Simus	Thrombosi	11	3 days
IMMEDIATE C.	DUE TO		1111 011.0002		0 443
Conditions, if eny, which		. infectio	n about ey	es	5 days
geve risa to immediate cause	DUE TO				
(a), stating the underlying couse lest.		cemia (sta	phylococci	<b>c</b> )	5 days
	147		The same of the sa	NAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICAN'  DEPT TO THE SIGNIF	None.				PERFORMED?
2Da. ACCIDENT WAS UNDERLYI		E HOW INJURY OCCURED	. (Enter natura of injury in	Pert I or Pert II of item 18.)	
OR CONTRIBUTING CAUSE OF	DEATH				
		RY OCCURRED   2De. PLA	CE OF INJURY (Home, fern	n, ' 2Df. (City or town) (Co	unty) (State)
20c. TIME OF INJURY Month,	While	Not While feet	ory, street, office bldg., etc	.)	
	19 or Mork		Oct 14	10 61. Oct 23 10	61
21. I certify that (I) (this	hospital) aftended	the deceased from.	Oct. 14,	19 61 to Oct. 23, 19	
saw the deceased alive o	oct. 33	.19	death occured at	P.M. from the causes and on	the date stated above
220. SIGNATURE	as	Rece "		MED. STAFF DIRECTOR PHYS.	10-25-61 SIGNE
22c, PHYSICIAN'S	7 77		22d. ADDRESS	1 491 27	
NAME (Typa) R.A.	Bell, M.D	•	119 N.P	otomac St. Hagers	town, Md.
	ATE THEREOF 23	c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or coun	ty) (Stata)
REMOVAL (Specify)	/26/61 F	Rose Hall (	Cemeterv	Hagerstown Was	h Co Md.

25a. RECOLTY ZECHSTRAR

DATE

25b. REGISTRAR'S SIGNATURE Chithun S. Hours

24 FUNERAL DIRECTOR'S SIGNATURE

Andrew K.

Coffman Hagerstown Md.

Thennel Manage

LE. M. EDOS. A. A

Andrew L. Colling de caratovo La.

IN THE STORY NOTE AND I

Word Handy J. Str. Son French Son

note duode nullockil .scell

QUE M. Bokomen of the Milet Super Store, 1 100.

1 27 Hauf or orangest in year and little ecost tales/or

ADDRESS

24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

DATE

VS A15 (4) 15M 9/55

23. EUNERAL DIRECTOR'S SIGNATURE

death.

within

		recit
	The state of the s	
(3.19)		
		CALLED THE
	CARACAC CIONES CONCO	
2 13 2		
IL III		
		Section of the sectio
	Committee of the second	Silver and the sello
ę ę		
	respirit general de la companya de l	
		NUMBER OF SECRETARIAN SECRETAR

24a, REC'D BY REGISTRAR

OCT 2 7 '6

Chillan & House

death. Page 0

VS A15 (4)

15M 9/55

			28018
		1955	
	, <del>,</del> , , , , , , , , , , , , , , , , ,		
on the			

VS. A15ME 5M 2/57

	MARYLANI		S CERTIFICATE OF DE	NORE, 18
	11946	TAL LAAMINALA	CERTIFICATE OF BE	Reg. Dist. No. 1926
	PLACE OF DEATH a. COUNTY			d. If institution: Residence before admission)
	WASHINGTON	MARYLAND	G. STATE MARYLAND	b. COUNTY WASHING TON
-	b. CITY OR TOWN (If outside corporale limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If putside corporate	limits, write RURAL and give nearest town)
	MT. LENA - RURAL	LIFE	MT. LENA	- RURAL
	d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	BOONSBORD M	D. R.2	1 BOONSBORD MI	D. R.2 YES NO X
	NAME OF First DECEASED	Middle	Last 4. DATE	Month Day Year
	(Type or print)	EMORY FA		TOBE12-14 - 1961
	SEX 6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AG	E (In years   IF UNDER 1YEAR IF UNDER 24 HRS.
	MALIE WHITE WIDO	OWED DIVORCED	JUNE-12-1881 X	O yrs. Haurs Min.
k	J. USUAL OCCUPATION (Give kind of work done 1) during most of working life, even if retired)	06. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY
	LABORIEIZ	CENERAL	NEAR MT. LENAW	ASH COMD. U.S.A.
3	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	COHN E. TA	ULDERS	RACHAEL (	0×
5	. WAS DECEASED EVER IN U. S. ARMED FORCES? 1. no. oz unknown)   (If yos, give war or dates of service)	16. SOCIAL SECURITY NO. 17. M	NFORMANT	Address
	NO-	217-10-3397 NI	RS. NANCY FAULDER	S JOONSBORD MD. R.Z
	18. CAUSE OF DEATH [Enter only one cause per		2-0-1	INTERVAL BETWEEN ONSET AND DEATH
	FART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coronary C	celusion	5 minut
	4201 DUE TO	0 11	3	
	Canditians, if any, which) (b)	endie / //	meler Sus	1/26-
	gave rise to immediate couse	1000		1 pm
	(a), stating the underlying DUE TO cause last.	General an	tim relience	House
ξ	PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
				PERFORMED? YES NO [2]
SIN LINE	20g. EXTERNAL CAUSE WAS 20b. DES	CRIBE HOW INJURY OCCURRED. (E	inter nature of injury in Part I or Part II of item	
	FRIMARY OF CONTRIBUTING CAUSE OF DEATH.			
Š	20c. TIME OF INJURY Month, Day, Year 2	POd. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 20f. (City or tav	vn) (County) (State)
1		While Nat while fact	ary, street, affice bldg., etc.)	
	21. I certify that I took charge of the		ve held an Autoney   Inspec	tion , Inquiry , and in m
	apinian death resulted from: Natur	di causes 2, Accideni [	, Suicide, Hamicide,	Undetermined manner
•	ACTUAL A. SAPIR	the second	CHIEF MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE / CO	viu	_M.D. ASSISTANT MEDICAL EXAMINER	/6/16/1
	EXAMINER'S	7 5-7	DEPUTY MEDICAL EXAMINER	//6/
22	NAME (Type)	VI I I I I I I I I I I I I I I I I I I		
120	BURIAL CREMATION, 626. DATE THEREOF	22c. NAME OF CENETERY OR		City, tawn, or county) (Slote)
22	DURIAL 1807.17.1961	ADDRESS	EMETERY MILLAN	A WASH, ('O' MD.
3.	FUNERAL DIRECTOR'S SIGNATURE	٨٨ ٨٨	D	
-	James 1 Porter 1º	JOONSBORD IX	DATE (10T 1 9 '61	arthur S. Thous

WARRY WEDST AL EXAMINED S CENTRE CATE OF DEATH

TO HO TIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, within 24 hours after death age 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compilerery filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11947 CERTIFICATE OF DEATH 27

	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
1	WASHING TON MARYLAND	a. STATE MARYLAND b. COUNTY WASHINGTON
	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	HWITE RUEAL and give peerest town) 40 YRS.	A HAGERSTOWN
	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	d. STREET ADDRESS   0. IS RESIDENCE
	603 W. CHURCH ST.	603 W. CHURCH ST.
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print) ALBERT VINCENT	FRITZ DEATH OCTOBER 16 19 61
H	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
ï	MALE WHITE WIDOWED DIVORCED	6/17/1879   last birthdey)   Months   Days   Hours   Min.
	10a. USUAL OCCUPATION (Give kind of work cone during most of working life, even if refined)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	don Herrica Torking ARPENTIER AIRCRAFT MFG	CO. PLNNSYLVANIA U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	BENJAMIN THEODORE FRITZ	CATHERINE ELLEN HORNBAKER
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	
	(Yes, MgOor unkown) (If yes give were or dates of service) 214-09-2298	MRS. MARGARET FRITZ MD.
	1B. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	9 St mille ce ichnol Art 6 monte
	332 X DUE TO	
		schnosis gear.
	gava rise to immediate causa	
1	(a), stating the underlying cause last. (c)	
)		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	Terminal preumo nia	PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH	). (Entar natura of injury in Part I or Part II of item 1B.)
h		CE OF INJURY (Home, farm, '20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from.	1/Feb, 1961, to 166ct, 1961, that (1) (we) last
	saw the deceased alive on 14 Oct 1961, and that	death occured at 30 M, from the causes and on the date stated above.
	228. SIGNATURE	ATTENDING
П	Marsoodlande M	I.D. PHYS. DIRECTOR PHYS.   10/17/61
	22c. PHYSICIAN'S NAME (Type) Flour D. Hoachlander	2. 115W. Wash. St Hagez stown ml.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
	REMOVAL (Specify) 10/18/61 HUST HAVE	HAGERSTOWN MD.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	111. 7 MASMEN Hazerdon	Md, DATE OCT 19'61 archy & thrus
	AND TO CONTRACT TO THE TOP	, , , , , , , , , , , , , , , , , , , ,

And the second Charles of the State of the Sta .Ca HOMOHE . EXCONENT THE STATE OF THE PARTY OF THE P . . . . . . . A SECURE OF THE PERSON OF THE

11928

	942		CLRIII	CAIL	. OF DEA	4111			Reg. Di	st. No.	1 - 0
1. PLACE OF DEATH o. COUNTY Washi			MARYLA	ND	USUAL RESIDENCES. STATE	E (Where dece		If institution.	on: Residen	-	odmission) erick
b. CITY OR TOWN (If of RURAL and give near Hager	outside carporate limi lest tawn) Stown	ts, write	c. LENGTH OF STAY IN		c. CITY OR TOWN	N (If outside co		its, write R	URAL ond	give neare	st town}
d. NAME OF HOSPITAL OR INSTITUTION					d. STREET ADDRE			10	X-	- 1	IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Fir		Mae Gank		Lost	4. DAT OF DEA		Mon		Day 5	Year 19 61
Female	White	7. MARRIE	DIVORCED		Feb. 4,	1916	9. AGE	(In years bushday) yrs.	Months		Hours Min.
00. USUAŁ OCCUPATION during most of working Practical	g life, even it refired	done 10b. K	IND OF BUSINESS OR I	INDUSTRY		(State or foreign		cker		U. S	WHAT COUN
3. FATHER'S NAME				14	MOTHER'S MAIL	DEN NAME					
Albert C	arr				May Max	bywa ell	a M.	Summ	erfie	14	
15. WAS DECEASED EVER I	N U. S. ARMED FOR yes, give wor or dates of s		OCIAL SECURITY NO.	17. INFOR		b Overc	. 1	abill	ess		Md.
Conditions, if any, gave rise to imm cause (a), stating the lying cause last.	nediate (	Ar	rteriosderot	tic h	eart dis	ease					
PART 11. OTHER  PART 11. OTHER  OR CONTRIBUTING C  (IF EITHER, NOTIFY MI	51GNIFICANT CON		ONTRIBUTING TO DEATH						EN IN PAR	1	WAS AUTOPS PERFORMED? (ES NO [
	UNDERLYING [] ) CAUSE OF DEATH EDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY OCC	URRED. (En	ter nature af inju	ry in Part 1 ar I	Part II af it	'em 1B.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	20d. IN. While at wark	_ Not while _	e. PLACE ( factory,	OF INJURY (Home, street, affice bldg	, form, 20f. (0 j., etc.)	City or tow	n)	((	County)	(Sta
21. I certify that alive an Oct	I attended the	decease, 19	d fram Oct.			50_PM, fr	am the		nd an t		
	W. N. Fend		4.D.							lager	stown,
220. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	1- 11-	)F	22c. NAME OF CEMETE					ity, town, o			(State)
23. FUNERAL DIRECTOR'S	10/8/61 SIGNATURE		Masontown	Cemet				24b. RÉGIS		Chiarina	
Talty 4	Lyers	11	Jaunes box	0.6		REC'D BY REC	SISTRAR	24b. REGIS			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be ained by the haspital at attending physician.

TO FUNES. DIRECTOR: After this certificate has been signed by the attending physician and completely fill the by the funeral director. h by the funeral directar, I and 2 shauld be filed with may be ained by the haspital ar attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and campletely fill page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

		manife the sile
		Out at a first the second of t
HE TO THE REAL PROPERTY OF THE PARTY OF THE		
amilia Asi		
		A STATE OF THE PARTY OF THE PAR
	DESCRIPTION OF THE OWNER, OR STREET, OR STRE	

15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11943 CERTIFICATE OF DEATH

	11943	CERTIFICATE OF	DEATH	11020	
1	I. PLACE OF DEATH	2. USI	JAL RESIDENCE (Where daceasad	livad, If institution: Rasidence before admi-	ission)
1	WASHINGTON	MARYLAND	TATE MARYLAND	6. COUNTY WASHINGTON	1
	b. CITY OR TOWN (if outside corporata limits, , write RURAL and give nearest town)	LENGTH OF STAY IN 16	ITY OR TOWN (If outside corporate I	mits, write RURAL and give naarest town)	
	HAGERSTOWN	LIFE V3	HACEXST	SWI	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite	d. S	TREET ADDRESS	a. IS RESIDE ON A FA	
1	VESTERN MD. STATE	HOSPITA VO	V8 TPRUCE		14-
	3. NAME OF First DECEASED	Middle	Last 4. DATE	Month Day Yaer	
M	(Type or print) Minnie	murtle 9,	IKELL DEATH	Oct. 20, 1961	/
4	5. SEX   6. COLOR OR RACE   7. MARRIED	NEVER MARRIED   B. DATE O		(In years   IF UNDER 1 YEAR   IF UNDER 24 I	HRS.
	TEMALE WHITE WIDOWED	DIVORCED	118/1886 last	vrs. Months Deys Hours M	Ain.
-	10a. USUAL OCCUPATION (Giva kind of work   10b. KIND	OF BUSINESS OR INDUSTRY 11. ALL	RTHPLACE (County & State, or foreign	country) 12. CITIZEN OF WHAT COU	INTRY?
	done during most of working life, even if retired)	18415 Kg	HADYLANX	115.A	
-	13 FATHER'S NAME	14. MO	THER'S MAIDEN NAME	0, 111	1
	VESSE S. A CHI	FR	LATE 1	DUSSMAN	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SO	CIAL SECURITY NO. 17. INFORM.	ANT	Address HARE DETT	2.71
	(Yas, no, or unkown) (Ifyasgivawarordatasofservice)	1-09-5113B MA	GROVER M, C)	ALER MO	),
	18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]	1 1	INTERVAL BETWEE	EN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	upemia		ONSET AND DEAT	
	181.0 DUE TO	danied dasa	in hair	ernknow	11
1	Conditions, if any, which gave rise to Immediate cause	dominal Care	chomarosis	4727020	
1	(a), stating the underlying DUE TO	4-2-1	1 1 1 2	F == ==	
		reinoma of b.		5 mos	-
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATE	TO THE TERMINAL DISEASE COND	TION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME	
1	(1) Hypertension (2) B	Enign rephrosele		YES NO	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTR  (1) Hypertension (2) B1  206. ACCIDENT WAS UNDERLYING   206. DESCRI OR CONTRIBUTING   CAUSE OF DEATH II FEITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURED. (Enter na	tura of injury in Part I or Part II of ita	n 1B.)	
- 1		URY OCCURRED   20e, PLACE OF IN.	JURY (Homa, farm, 20f. (City or to	(County) (Stat	te)
	Hour a.m. Whila	Not Whila factory, streat,	offica bldg., etc.)	,	
		at work	1 12 11	CF 30	
	21. I certify that (1) (this hospital) attended	d the deceased from	1967, 100	(we	) last
	saw the deceased alive on Oct, 20,	19	occured at.l.e.p.M., from the		
	228. SIGNATURE	ATT	ENDING MED ST.	AFF SI	IGNED
	Victor L. K.	amus, M.D. PHY		is. X Oct.20,1	1961
	22c. PHYSICIAN'S NAME (Type) VICTOR L, R	anos m.D.	Hagers bun	d. State Hospital	
		30 NAME OF CEMETERY OR CREM.		(City, town or county) (Stata)	)
	2002 (Spacify) 10/72/61 X	OSE HILL CE	M, HACEL	STOUN MD.	
	A P		OF BEGIN BY BEGISTRIA	OF DECISEDANCE MONITURE	
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR	256. REGISTRAR'S SIGNATURE	

ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11944 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara daceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY 0 MARYLAND MARYLAND WASHINGTON

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, 4 C LENGTH OF STAY IN 16 write RURAL and give nearest town) d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled i e. IS RESIDENCE ON A FARM? ELIM ST YES NO Middle DECEASED (Typa or print) 9. AGE (In years IF UNDER 1 YEAR 19 within carbon IF UNDER 24 HRS. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 3 last birthday) and 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State Months Days WIDOWED 13 0 physician 12, CITIZEN OF WHAT COUNTRY? 11. BIRTHPEACE (County & State, or foreign country) гетоме done during most of working life, even if retired) NEAR KEEDYSVILLE WASH. CO. NO. U.S.B. KETIRED MECHANIC 13. FATHER'S NAME please attending and WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT LEWIS MAE 109 ELM (Yes, no. or unkowh) | (If yasqiya war or datas of sarvica) VES W.W. 2 214.09.5005 MRS. ELLA LOU CRIFFITH HAGERSTOWN MD the INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary Edema & Hypoproteinemia 60 days IMMEDIATE CAUSE (a) DUE TO Left & Right ventricular Failure Conditions, if any, which year gava rise to immadiata causa DUE TO (a), stating the undarlying Passive congestion Liver & Renal Failure PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY certificate PERFORMED? NO . 20a. ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING 
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) (Stata) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ! 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yaar factory, streat, office bldg., etc.) Not Whila Whila Hour a.m. at work at work saw the deceased alive on. 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Bover M.D. 135 N. Potomac Street Hagerston, Ad. -director, be filed v NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. RENOVAL (Spacify) 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) OCT 1 0 '61 Arthur S. Thank

4 CARROLL CARRETTH DETAILS OF THE NIALE WHITE WAS SEPTEMBER TO POS SO THE PERSON OF THE PERS MENINED MECHANIST SERVICE - I WELL KEEPING WASHING IN (I) ELLOYD W DERFEITH PROPERTY ON A COURT (I) THE WIND THE OF THE MED ELLA LOS CRIEFIER MADERNISH AND TOURING BOT-6-1941 Trose HILL CEMETERY HAGEFURDIN WITH I ME and the state of t

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11945 CERTIFICATE OF DEATH

7,1		11945		CERTI	IFICA	TE OF	DEATH	1		R	eg. Dist.	No. 1	931
1. PLACE o. CO		shington		MAR	YLAND	2. USUAL RES	Maryl		ed lived. If in b. COI	INITY -	_	before od	
RUI	Y OR TOWN (I RAL ond give no Jargan	f outside carporate limi carest tawn)	ts, write	c. LENGTH OF STAY	IN 1b		town (If o		orate limits, w	rite RURA	AL and giv	e nearest	town)
d. NA OR	ME OF HOSPIT	Residence		ddress)		d. STREET Dar	address gan R	load				0	RESIDENCE N A FARM?
3. NAMI DECE (Type	E OF ASED or print)	J AME		Middle HENR		GRIM	ost	4. DATE OF DEATH	0c	Month tobe	er	Day 26,	Yeor 19 61
5. SEX Ma		6. COLOR OR RACE White	WIDOWE	-	\$	-	8, 18	392	9. AGE (In ) lost birtho			YEAR IF U	NDER 24 HRS.
durii	Mercha	ON (Give kind of work king life, even if retired int (Reti:	)   .	Gen. Sto		Darg	an, M	aryl				SA	HAT COUNTRY
	ER'S NAME	Robert	Crim			14. MOTHER'	s MAIDEN N		ff.				
	DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO	). 17. IN	ORMANT E	veret	te F	. Gri				
	0	None  TH [Enter anly one co	2]	17-18-865		Sh	arpsb	urg,	Mary	land	1		L BETWEEN
Co. gov cau lyin	PART I. DEA 42 0, 1 nditions, if and the rise to its se (a), stating ag couse last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO ny, which mmediate the under: (c)	, Az	ronary t	lero	cic ca	rdio-					ins 12	tantly years
CERTIFICATION CERTIFICATION		Diabet	es me	ellitus	ATH BUT N	OT RELATED TO	O THE TERMI	NAL DISEAS	SE CONDITION	N GIVEN	IN PART 1	PE	AS AUTOPSY REFORMED?
	ACCIDENT WAS CONTRIBUTING ITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED.	(Enter noture	of injury in P	art I or Pa	rt II of item 18	3.}			
WEDICAL 20c.	TIME OF INJUR Haur a. jr. p. m.	Y Manth, Day, Ye	While	UURY OCCURRED Not while of work	20e. PLA	E OF INJURY ry, street, office	(Home, farm, ce bldg., etc.)	20f. (Cit	y or tawn)		(Co	unty)	(Stote)
aliv ACTI SIGN	e on OC	at I attended the tober 23 () plu Walter I	12.6				2:45	M, fro		es and	on the		
220. BUR REM Bur	OVAL (Specify)		0F 61	Samples	V.	crematory or Cem	etery		TION (City, to				Stote) yland
23, FUNE	RAL DIRECTOR	SIGNATURE		Harpers West		ry,	24a. REC'D	OCT 3			AR'S SIGN	8. Kra	u.A

may be pined by the haspital ar attending physician.

• FUNEX.X. DIRECTOR: After this certificate has been signed by the attending physician and campletely fills by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNES. TO HOS VS A15 (4) 15M 9/55

4 13 1 3 Sec.			TADRITIES	
				PER SECURITION OF SECURITION O
		e he b	(Ulac Harris (Ula Grand or Springs (Ula	Company of the control of the contro
	s half relice	64V-011100 0	ingtsLongitium	
				asterialit sell turbungance
			VIII million	se set all benefic total efficar LTG St. St., ffgr LTDne cells warte
			*	Tractal parant
				ginande entrang palane

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	Application of the second
• • •	
	BRITAIN THE THE BUTTON OF A SECTION OF THE SECTION

VR A15 (4)

15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Washington Maryland Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown) MARYLAND b. CITY OR TOWN (if oulside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town) Yrs Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 302 Jefferson St 302 Jefferson St YES NO NAME OF 4. DATE Middle Month DECEASED OF (Type or print) DEATH HALE 23 196119 GLADYS October AGE (in years | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. last birthdey) Months Hours Female White WIDOWED T DIVORCED July 18 10a. USUAL OCCUPATION (Give kind of work (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, evan if retired) Own Home North Carolina USA Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Spaugh Jonas R. No Record 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unkown) (If yes give wer or detes of service) Mrs Martha Kelbaugh 302 Jefferson St None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] Hagerstown Md. INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Carder Jasular IMMEDIATE CAUSE (e) DUE TO (b) gave rise lo immedieta ceuse DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO D 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, ferm, ) 20f. (City or town) (Counly) (Slala) 20c. TIME OF INJURY Month, Dey, Yeer factory, straat, offica bldg., etc.) Whila Not While at work et work saw the deceased alive on. 22b. DATE

22e. SIGNATURE 4 SIGNED MED. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S

23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF

23d. LOCATION (City, town or county) unkstown Cemetery

Funkstown Wash Co Md 258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE OCT 2 7 '61

Andrew K. Coffman Hagerstown Md.

24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS

NAME (Type)

REMOVAL (Specify)

Orthur & Kraus

Rogerston management and service of rd mosterist ave TE mosistret son ell caudi 331/345 .B e 350

Burgar /0/-0/5/ Tunkstorn Caratery Punkstorn V on Co M

LA SHOTE FEET

# 1/4

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11948

CERTIFICATE OF DEATH

11934

	LACE OF DEATH	2. USUAL RESIDENCE	(Where decessed lived, If	institution: Residenc	e before admissi
۰.	COUNTY Vashington MARYLAND	e. STATE	b. COU	Wa	sh.
b.	CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) Hager town	c. CITY OR TOWN (If o	utside corporete limits, writ	e RURAL end give n	ieerest town)
d.	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS			. IS RESIDEN
	Western Md. State Hospital	Hagersto	WII		YES NO
D	AME OF ECEASED MARY CASIL DA HAN	ISB BOUCH	OF DEATH OC	T 23	Your 19 6 /
5. S	7. MARKIED NEVER MARKIED	. DATE OF BIRTH	9. AGE (In yeers last birthday)	Months   Days	IF UNDER 24 HR
f	emale   white   widowed X DIVORCED []	1-23-1879	82 3A/ yrs.	Monnis Days	Min.
done	USUAL OCCUPATION (Give kind of work during most of working life, even if retired)  dress maker  ATHER'S NAME	Y 11. BIRTHPLACE (County Front Roya 14. MOTHER'S MAIDEN NA	1, Va.	USA	F WHAT COUNT
	Andrew Hackett	Mary King			
15. \		NFORMANT	Address		•
Yes,	no, or unkown)   (Ifyesgive weror detesofservice)			imore, Md	
	8. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	Lice M. Hansbr	ough nare		ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: LOBULAR PI	YEU MONI.	A	ON	SET AND DEATH
	Conditions, if eny, which (b) FRACTURE OF	LEFT H	1112	4	Month
	geve rise to immediate cause		/ /		
	e), sletting the underlying DUE TO				
_ =	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION GIV	/EN IN PART 1(e)   15	9. WAS AUTOPS
CERTIFICATION	molignant melinous.	fleft or	heek uu	neut 1	PERFORMED?
	00. ACCIDENT WAS UNDERLYING ( 20b. DESCRIBE HOW INJURY OCCURED PROPERTY OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER)	(Enter neture of injury In Peri 27 HOME	t I or Pert II of item 18.)		
MEDIC	p.m. 6 23 196/ at work et work	MOME	2Df. (City or town) HAGEASTOWI		
	et. I certify that (I) (this hospital) attended the deceased from the deceased alive on 10-23 19.61, and that	7-13- 190 death occured at 1.17	M, from the causes	and on the da	nat (I) ( <del>)</del> late stated abo
-	220. SIGNATURE	ATTENDING MED		/	22b. DAT. SIGN
3	PALLAGROSI	1500 Pa	Are Hag	urtour	- Ma
R	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY EMOVAL (Specify) 10-26-61 Greenmount C		Baltimore		(Stete) Md.
_	UNERAL DIRECTOR'S SIGNATURE ADDRESS Clear Spring,	25e. REC'D	BY REGISTRAR 25b. RE	GISTRAR'S SIGNAT	
1//	Carle 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

rs after death. Page 4

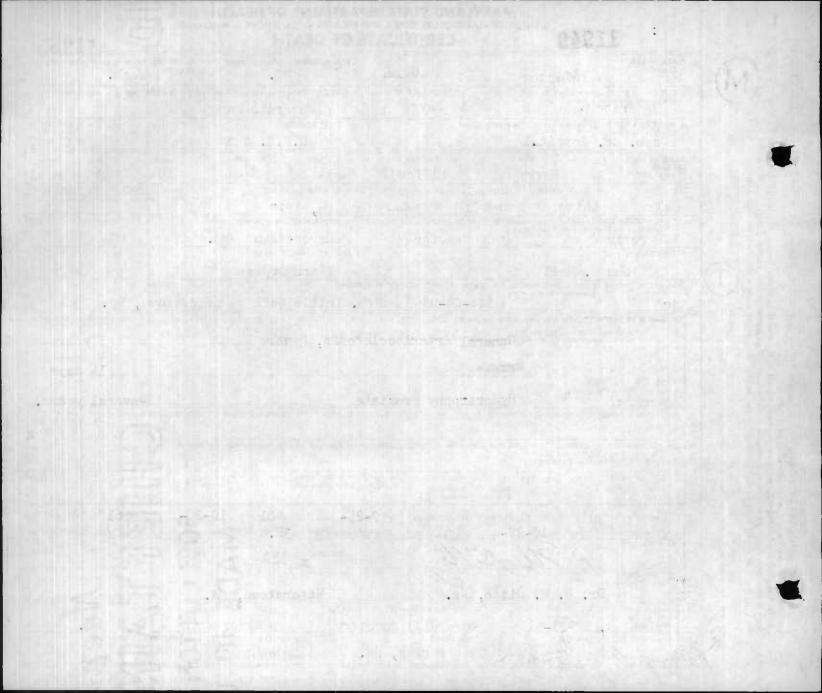
# OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24

TO HOSPI

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1.	1949		CERTIF	ICAT	E OF D	EATH					IIQ	35
1. PLACE OF DEATH a. COUNTY	Washington		MARYL	AND	2. USUAL RESI a. STATE	DENCE (WH		l lived. If institution b. COUNTY	on: Reside		re admis	sian)
b. CITY OR TOWN (IF RURAL and give nec Hagerst	arest tawn)	ts, write	16 days	N 16	1		ulside carpo	rate limits, write R	URAL and	give nec	rest town	n)
d. NAME OF HOSPITA OR INSTITUTION Wash. Co	AL (If not in hospital, go. Hospital		address)		d. STREET A	DDRESS R.F.I	). # 3					FARM?
3. NAME OF DECEASED (Type or print)	Fir Harr		Middle Milfor	rd	Heil	it	4. DATE OF DEATH	Mon 10		Do 28	•	Year 19 61
s. sex male	6. COLOR OR RACE white	7. MARE	RIED NEVER MARRIEI		une 26.	н 1879		9. AGE (In years last birthday) 82 yrs.	Manths Manths		Hours	ER 24 HR
loa. USUAL OCCUPATIO during most of warki retir	ing life, even if retired	)	KIND OF BUSINESS OF Contractor	RINDUST		ACE (State		iuntry)	12.CI	TIZEN OI USA	WHAT	COUNTRY
13. FATHER'S NAME John	H. Heil				14. MOTHER'S	maiden n				4		
15. WAS DECEASED EVER (Yes, no, or unknown)  10	IN U. S. ARMED FOR If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO. 214-09-9369		ormant 's. Lott	cie He	il	Hagersto		Md.	R3	
	H WAS CALISED BY.	Gen	ne far (a), (b), and (c).]	oscl	erosis,	Seve	re			inti ons	year	DEATH
Canditians, if an gave rise to im cause (a), stating t lying cause last.	he under-		mia ertrophy Pr	osta	te				Ser	veral	day	
PART II. OTH			CONTRIBUTING TO DEA			THE TERMI	NAL DISEASI	E CONDITION GIV			9. WAS	
200. ACCIDENT WAS	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	(Enter nature o	of injury in I	Part I ar Part	t II af item 1B.)				
20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Ye	While			CE OF INJURY ( ary, street, affic			ar tawn)		(County)		(State
	t (I) (this haspital ed olive on 10		ded the deceased 1	thot de		d of 3P					stated	
22c. PHYSICIAN'S NAME (Type)	Dr. E. W.	Ditt	o. Jr.		22d. ADDR	ESS	town,	Md.				
23a. BURIAL, CREMATION REMOVAL (Specify) Durial	10-31-61	)F	23c. NAME OF CEME Rose Hill		CREMATORY		23d. LOCAT	rion (City, tawn, cstown	160	M	(Sta	te)
Margard	Signature R. Noule	and	ADDRESS Clearspring	g, Mo	3.		D BY REGIST	04	STRAR'S S			



Health, eral director. Page alay is necessary, your files. TO DEPARY TABDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the rangeral did should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the State/Source its designated agent, prior to burial, cremation, or removal, and in any permit, within 72 hours after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11950 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11936 FOR STATE HEALTH DEPT

a. COUNTY				Y
a. COUNTY Washington	MARYLAND	a. SMaryla	nd W	ashington
write RURAL and give nearest town)	ife time	A 1	tours Manual at	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, gi		d. STREET ADDRESS	town, Maryla	1 e. IS RESIDENCE
146 N. Jonathan Street.	re sileer address;	/ 146 N	Jenathan St	ON A FARM?
3. NAME OF First DECEASED	Middla	Last	4. DATE Month	Dey Year
(Typa or print) Clyde Rus	ssell	Hill	DEATH Oct	5 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED N	EVER MARRIED B	. DATE OF BIRTH	9. AGE (In years   I last birthday)	
Male   Colored   WIDOWED X	DIVORCED [	Man 31/18	989 72 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BUSINESS OR INDUSTR		was a	12. CITIZEN OF WHAT COUNTRY?
Laborer		Hagerst	own, Md.	USA.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
unknow		unkno	W	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yas, no, or unkown) (Ifyesgivawarordatesofservice)	L SECURITY NO. 17. 1	INFORMANT	Address	
213-12	2-7235 \	ashineton Co	muster Wollense.	Board
18. CAUSE OF DEATH [Enter only one cause per lina for (	a), (b), and (c).]		weeper.	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcine	ome Of Terms			ONSET AND DEATH
163 X DUE TO	oma Of Lung			Recent
gave rise to immediate cause				
(a), stating the undartying DUE TO				
(0)	ING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART 1/- VI 10 WAS ALITORSY
E STANTIN OTHER STORMERAN CONSTITUTES	110 10 001111	THE TENNIE	THE DISEASE CONDITION GIVE	PERFORMED?
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOV	W INTERNACEDED A	Entar nature of injury In Par	A L a a Dant III of the - 10 A	YES NO
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Y INJURY OCCURED, (I	chiar hature of injury in Far	rior Pari II of IIam IB.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY While No at work at work at work		CE OF INJURY (Home, farm		(County) (State)
Hour a.m. While No at work at work at	of While fact	ory, situal, office prog., arc.	1	
21. I certify that I took charge of the remains d	escribed above, he	eld an Autopsy x	Inspection , Inquiry	, and in my opinion
	cident , Suic		Undetermined ma	
	57	CHIEF MEDICAL	_	
ACTUAL A THE ACTUAL	M		ICAL EXAMINER	DATE SIGNED
SIGNATURE	No.	DEPUTY MEDICAL	EXAMINER -	
NAME (Type) Dr. E. W. Ditte			city, town, or county)	)-7-61
228. BURIAL, CREMATION, 226. DATE THEREOF 22c. N	AME OF CEMETERY OF	RCREMATORY	22d. LOCATION (City, town,	or country) (Stata)
REMOVAL (Specify) Port 9 1961 R	11.00 P	4	Harrita	The of
23. FUNERAL DIRECTOR	DORESS	1 24a. REC	D BY REGISTRAR   24b. REGIS	TRAR'S SIGNATURE
Top RWater a Na	+	250 /	CT 11 '61 C.	Thun S. Kraus
I would be that	DIDIEUM.	md DATE		~.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

A TOTAL PROPERTY OF THE PARTY O to midely the Lytha to the last Boat can protect as said said bashyras marayan 148 II. Dozaki kur Itmane. E COMPLETE THE SELECTION OF THE SELECTION LIE 7,137 15 5424 lingers a rows, while the contraction. was all a specific or was the second of the second of the second of the second or the Cavel Code DI Jones that I the transfer of the state of the stat - bill was a second of a small of the

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11951 CERTIFICATE OF DEATH

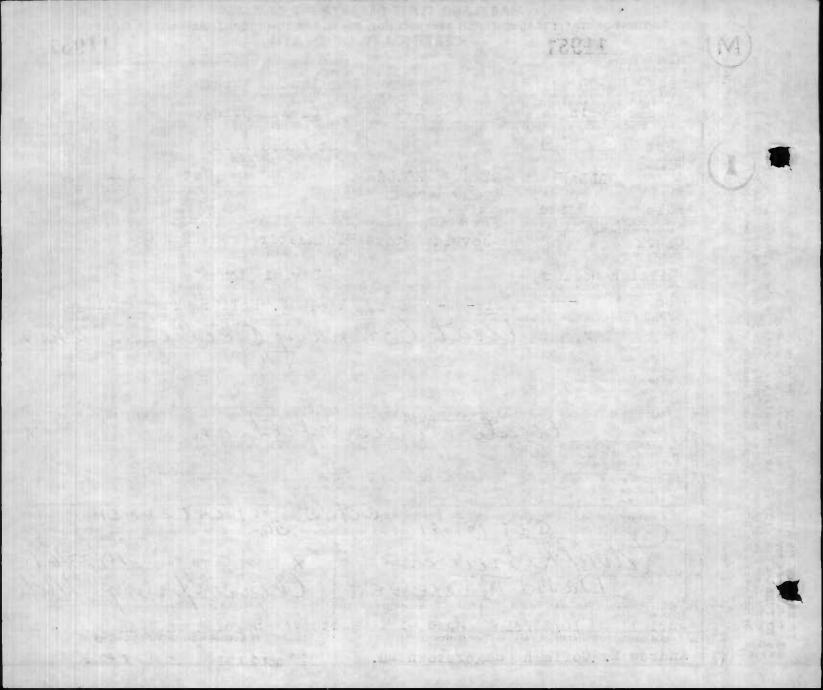
ATH 11937

1,	PLACE OF DEATH	2. USUAL RESIDENCE (Where daceasad lived, If institution, Residence before admission)
	a. COUNTY	a, STATE b, COUNTY
-	Washington MARYLAND	lar land Washington
	b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
_	Clear Spring R # 2 5 1rs	Clear Spring
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?
	Srt Pauls Road	St Pauls Road YES NO
3.	NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
/	(Type or print) ALLAN LYNN HOLLAR	R DEATH OCT 22 1961 19
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.    Months   Days   Hours   Min.
	Lale White WIDOWED DIVORCED	Dec 8 1886 74 yrs. Months Days Hours Min.
10 d	Da. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	14 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Clerk Novelty Store	Winchester Frederick Co USA
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	William Hollar	Lavinia Lynn
	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	
10	(es, no or unkown) (Ifyesgive war or dates of service)	rs Viola F. Hollar Clear SpringR #2
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b)) and (c)	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Conque Carling ONSET AND DOATH
	4/20/1 DUE TO	The second and a second a seco
	Car Palace W	
	gava risa to immadiate causa	
	(a), stating the underlying DUE TO	
	cause last. (c)	
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
μ¥	acute Diru	performed?
CERTIFICATION	208. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH	. (Enter nature of injury in Part I or Part II of item 18.)
-		
3	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   2De. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL	Hour a.m.  P.m.  While Not While at work at work	ory, sneet, office ordg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from	Oct 15 196/ to Oct 22,196/that (1) (we) last
		death occured a 5. 2,M, from the causes and on the date stated above.
	22a. SIGNAPURE	/ 22b, DATE
	& avid & Driver	ATTENDING MED. STAFF PHYS.   10/23/6 IGNED
	22c PHYSICIAN'S	22d. ADDRESS / / / / / / / / /
	NAME (Type) David R. Brewe	of Clear Apring Md.
23	Ba. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial 10/24/61 Rose will	Cenetery Hazerstown Wash Co lad
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	Andrew K. Coffm n Hagerstown Md.	DATE OCT 2 7'61 OTHER & Hanne
\ L		DATE DCT 2 7 '61 OTLA & Kank

TO HO. FAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after seath. See 4 may be retained by the hospital or attending physician.

Yellow the season of the property of the property of the plant of the





MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF** 

DEAT	H					11	9	3	3
ESIDENCE	(Where	deceased	lived,	If institution:	Residence	befor	e ad	miss	ian
	1	,	h	COUNTY				1	

o. COUNTY		2. USUAL RESIDENCE (V		If institution: Residence COUNTY	e befare admission)
Washington	MARYLAND	Mary.	land	wash	Ington
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	000 11	f autside carporate limi		ive nearest town)
d. NAME OF HOSPITAL of not in hospitol, give street of	/days	d. STREET ADDRESS	rstown	V	- IC DECIDENCE
OR INSTITUTION WILLIAMS port Sanith		H26	west u	Vashington	e. IS RESIDENCE ON A FARM? YES NO 1
3. NAME OF First	Middle	Last	4. DATE	Month	Day Year
(Type or print) Yours A	DERR	Hull	DEATH OC	tober .	23 1961
5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE	1 1	1 YEAR IF UNDER 24 HRS.
de white WIDOWE	DIVORCED [	KINUAYY 24	1876 8:	5 yrs. 8 onths	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (STO	te or foreign country)	12. CITIZ	ZEN OF WHAT COUNTRY?
Housewife  Housewife	Home	Williams		yland ?	W.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
Walter B. me Coy		Clara	Arding	per	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown)   (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT		Address	
	lone	Mys. Lou	isA Hull	1 426 W.	Washing7
18. CAUSE OF DEATH [Enter only one couse per lin	e for (o), (b), and (c),				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Burn	1			ONSET AND DEATH
IMMEDIATE CAUSE (o)	/ neumoni	/			7 angs
1001		7/ 1	1 -		6 4rs
Canditians, if ony, which gave rise to immediate (b)	ugu ,	(course)	Leen	~	10/0
cause (a), stating the under-					
lying cause lost. ) (c)	CONTRIBUTION TO DESTRUM	IT NOT BELLIED TO THE TER	LUNIAL DISCASE CONE	ATTION COURT IN DARK	TALL TO MAKE ALITORSY
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	JI NOI KELATED TO THE TER	MINAL DISEASE COND	THON GIVEN IN PARI	PERFORMED?
	TRIDE HOLL IN HILLIAN OCCUPA	en en	D . 1 D 11 5 'A	10 \	YES NO Q
20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURE	RED. (Enter nature of injury i	n Part I or Part II or III	em 16.)	
	JURY OCCURRED 20e.	PLACE OF INJURY (Hame, fa	rm, 20f. (City or town	n) (C	Caunty) (State)
Hour a.m. p. m. 19 While at wark	IAOL MULIE	aciary, street, affice blag., e	110.)		
21. I certify that (I) (this hospital) attend	ad the deserred from	7-1- 1	0/1 - 111 -	-27 106	_, that (I) (we) last
111 40	/				
saw the deceased alive on / - 22	rand that	death occurred at 3	nem, from the co	auses and on the	22b. DATE
A. EN Delta	2	M.D. ATTENDING PHYS.	MED. STAF	FF S.	SIGNED
22c. PHYSICIAN'S		22d. ADDRESS	~		
NAME (Type) TITE IN IT	1/ (0)	1	certain	Mul	
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (C	lity, tawn, or county)	(State)
Burial (Specify) Oct. 26-61		Cemetery	Hagerst		Md.
24. FUNERAL DIRECTOR'S SIGNATURE	- ADDRESS	1 (1)	C'D BY REGISTRAR	25b. REGISTRAR'S SIC	
When X Zent Wi	leansport	1. /////	CT 2 6 '61		
1		DATE	01 00 01	arthur &	Thalla

25 after death. Page 4

may be researed by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the State Board of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPI

VR A15 (4) 15M 9/59

THE DAY IN THE PERSON OF THE CONTROL OF THE ett emiok movements prevent linearing 11-05 down term MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

eral directar, be filed with

bloods

remove

should

3

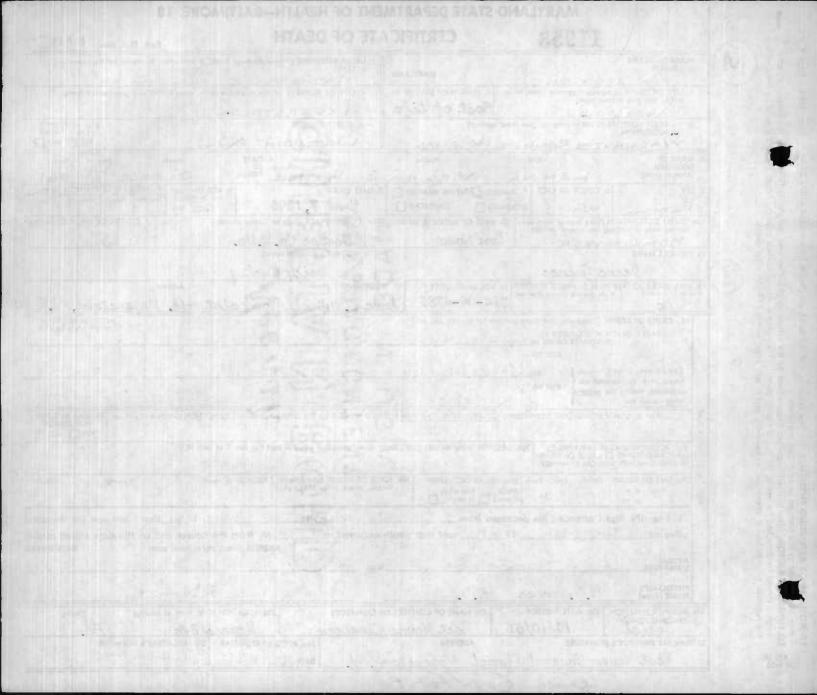
page

may

9

funeral

death. Page



# FOR STATE HEALTH. DEPT lay is necessary, ral director. Page of Health, TO DEPUSE MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an italy is necessary please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the sanital director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and with the State Board of Hault or its designated agent, prior to burial, cremation, or removal, and in any event within 72 Hour after death.

VS. A1SME 5M 7/S9

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11954 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USURL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Washington MARYLAND	* STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) Dargan 9 years	X Dargan
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   0. IS RESIDENCE
50 yds. off Dargan Road	RFD#1, Harpers Ferry, W. Va. VES NOK
3. NAME OF First Middle DECEASED	Last / 4. DATE Month Day Year
(Type or print) GOR DON OWEN	thoram DEATH October 13, 1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	March 24, 1952   last birthday)   Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Student School	Dargan, Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Granville James Ingram	Genevieve Pauline Norris
	INFORMANT Granville Ingram
(Yes, no, or unkown)   (Ifyes give war or dates of service)	RFD #1, Harpers Ferry, West Va.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
	olving entire Left side of
Conditions, if any, which ) (b) Face and Head.	
gave rise to immediate cause	Instant
(a), stating the underlying DUE TO	
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN	PERFORMED?
<u>V</u>	YES NO
PRIMARY To or CONTRIBUTING []	Enter nature of injury in Part I or Part II of item 18.)
Shot by another  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm, † 20f. (City or town) (County) (State)
Hour a.m. While Not While	tory, street, office bidg., etc.)
	lome Dargan Washington Marylan
21. I certify that I took charge of the remains described above, h	
death resulted from: Natural causes Accident . Suid	cide, Homicide, Undetermined manner
1/ 7/1/ Dell	CHIEF MEDICAL EXAMINER
SIGNATURE COLOR SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER
NAME (Type)  Dr. E.W. Ditto, Jr.  228. BURIAL, CREMATION, 22b. DATE THEREOF  22c. NAME OF CEMETERY O	Address (Street, city, town, or county)
228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O REMOVAL (Specify)	R CREMATORY 22d. LOCATION (City, town, or country) (State)
	r Cemetery Samples Manor, Maryland
23. FUNERAL DIRECTOR  J. DONALD EACKIES.  Harpers Ferr	r Cemetery Samples Manor, Maryland

The anim wish a ridge animonal bonney demands .b.of bus assil ... Indivent : Chot by another boy Signory 10-33 of the little will be the Driggen Manhangton has the country of the co and the state of the late of the late of the state of the AND STATE OF THE PARTY OF THE P

TO HOS!

I. OR ATTENDING PHYSICIAN: The law requires that the death certificate be execuse. The form of death.

John Hosels, A may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete, filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 11941

2. USUAL RESIDENCE (Where decessed lived, If Institutions Re	esidenca before admission
a. STATE Maryland b. COUNTY Was	hington
c. CITY OR TOWN (If oulside corporate limits, write RURAL and	give naarast lown)
Hage rstewn	
d. STREET ADDRESS	e. IS RESIDENCE
804 Hamilton Blvd.	YES NO
Last 4. DATE Month	Dey Yeer
AND THE RESERVE OF THE PARTY OF	28 19 61
I had blick days	
April 27, 1999 62 yrs. Months	eys Hours Min.
RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY
Lawrenceville, Virginia U.	S.A.
14. MOTHER'S MAIDEN NAME	
? Welton	
INFORMANT Address	
r. Green Mcd. Jones Clarksville.	Va.
	INTERVAL BETWEEN
of fibrillation	20 min
. 0	
entre heart disease	1 ur
OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	
	YES NO
2. (Enter neture of injury in Pert I or Pert II of item 18.)	
ACF OF INJURY (Home, farm, 1 20f. (City or town)	ty) (Stete)
Det 31 mill Strage	1 3
19 10 10 19	
death occured att	e date stated above
	10/29/61
318 N. Potomac Stree	t
OR CREMATORY 23d. LOCATION (City, town or county)	(State)
metery Charksville	Va.
metery   Garksville   250. REC'D BY REGISTRAR   25b. REGISTRAR'S S	Va.
	a. STATE Marylam b. COUNTY Was c. CITY OR TOWN (If outside corporate limits, write RURAL and Hage rstewn  d. STREET ADDRESS  804 Hamilton Blvd.  Last 4. DATE Month OF DEATH October  8. DATE OF BIRTH 9. AGE (In years if UNDER IY lest birthdey) 62 yrs.  RY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZ Lawrenceville, Virginia U.  14. MOTHER'S MAIDEN NAME ? Welton  INFORMANT Address  Ir. Green Mcd. Jones Clarksville,  OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART  D. (Enter neture of injury in Pert I or Pert II of item 18.)  ACE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bidg., etc.) (City or town) (City or tow

not Fire

Istingo who retarists.

n of

reman fo

To Wilverage

r of

. w.f. nos famos 108

Thin to

went time

S. 51. 1300

duniting Suply Landoncoville, Virginia

mo 'To :

fus

English 1/1/19(1 test and torus (lar), oville

ntor - lower lement tole in erecton, id.

2 3432 5 E 2 . 1 STE

dumie toom, La.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH pluods 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) 1. PLACE OF DEA a. COUNTY b. COUNTY land Washington Co. Legany MARYLAND the d b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) write RURAL end give neerest town) Cumberland, Md. Hagerstown Ivr. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENC ed ON A FARM? YES NO TH State Hospital I8I6 Oldtown . Road B. OF DECEASED Jones George (Type or print) DEATH 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX lest birthdey) and Months WIDOWED DIVORCED December physician 1 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) TISA Md -Railroad Cumberland Brakeman FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending Emma McKennev Trevor Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Then (Yes, no, or unkown) | (Ifyes give war or dates of service) 2I4-07-4824 Nellie Jones I8I6 Oldtown Road physician. INTERVAL BETWEEN permit. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH has been signed by PART I. DEATH WAS CAUSED BY: 이 IMMEDIATE CAUSE (e) DUE TO impetrophic Lateral sciences Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Se 0 NO A prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING for OR CONTRIBUTING CAUSE OF DEATH After (County) (Stete) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., etc.) While Not While Hour a.m. et work at work p.m. DIRECTOR: Octobe K. 5., 196/., that (1) (wo) last 21. I certify that (I) (this hospital) attended the deceased from Mill ( to 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. FUNERAL page 22d. ADDRESS EL CSTE 22c. PHYSICIAN'S 1012d NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) P d Burial Park 0 Burial Cumberland. H 250. REC'D BY REGISTRAR 256 REGISTRARIS SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) James F. Scarpelli Cumberland, Md. 15M 9/60 DATE

death

MARYLAND STATE DEPARTMENT OF HEALTH

1000

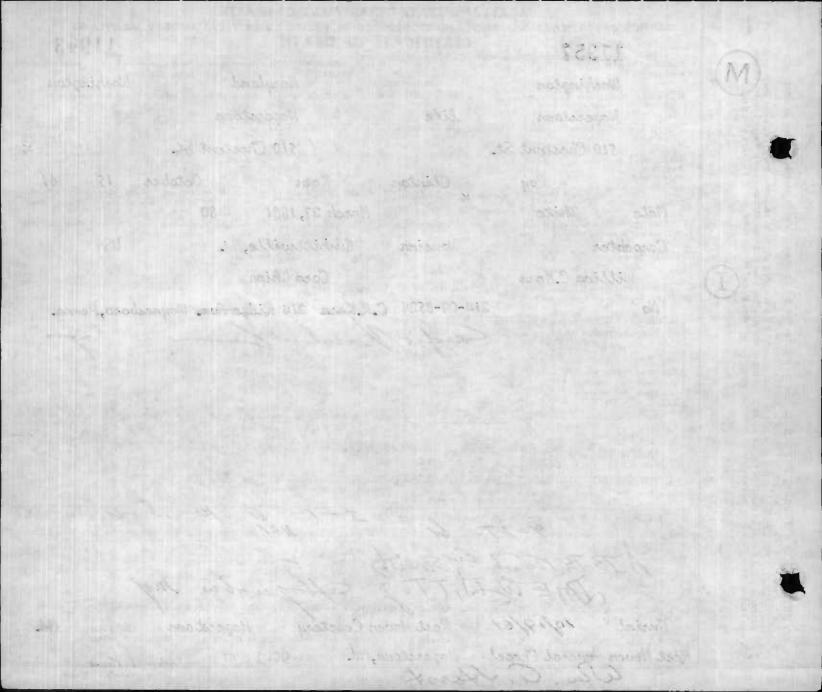
. 10- 1123 2111113 011

ALL SUCCESSION AND . 17 12 1

The state of the s

The spirit will be a like the control of the contro

Janes F. Goorgelin Ungbert so, ad.



TO HC AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, within 24 hours after a death, and 4 may be retained by the hospital or attending physician.

2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and company, filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

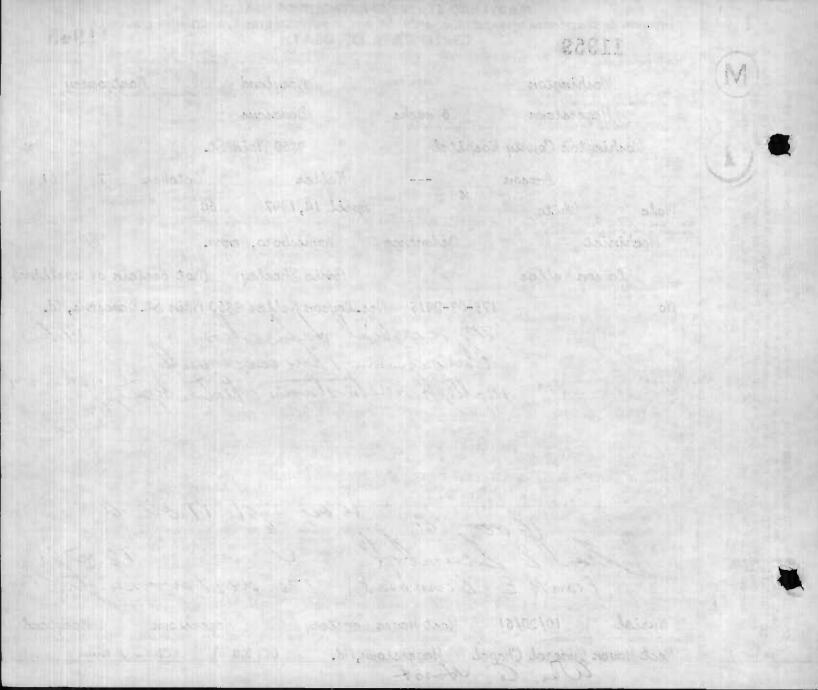
MARYLAND STATE DE	PARTMENT OF HEALTH
11958 CERTIFICAT	E OF DEATH
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission)
a. COUNTY WASHINGTON MARYLAND	. STATE MARYLAND 6. COUNTY ALLEGANY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
Write RURAL and give neerest lown HAGERSTOWN 5 MOS.	MIDLOTHIAN
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  WESTERN MARYLAND HOSPITAL	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
NAME OF DECEASED (Type or print) First Middle	KEIRS DEATH 10 - 31 - 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
FEMALE WHITE WIDOWED DIVORCED A	UG. 11, 1878  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Hours   Min.   Hours   Min
Oe. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & Stete, or loreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWORK OWN HOME	MARYLAND U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN KEIRS  5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16, SOCIAL SECURITY NO.   17, 1	JANET MORTON  NFORMANT Address
Yes, no, or unkown)   (Ifyesgivewerordatesofservice)	
NONE MRS  18. CAUSE OF DEATH [Enter only one cause p. ] line for (a), (b), and (c).]	. VERA NAVE, 104 W. MAIN ST., FROSTBURG, MD. INTERVAL BETWEEN
9 , 9	neumonia One Week
DUE TO	a racke and many of some about 15 mouth
Conditions, if any, which gever lise to immediate cause	right submaxillary gland 15 month
(e), stating the underlying DUETO	
cause lest. (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
TAKI III OTILK SISTILIZATI ESTERITORE ESTERITORE	PERFORMED? YES IV NO
200. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURED	(Enter neture of injury in Pert I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m.  P.m.  19  While Not While at work at work	ory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	5-23 1961, to 10-31- , 19.6. (that (1) (wa) last
saw the deceased alive on 10-31- 1961, and that	death occured at 12.35%, from the causes and on the date stated above.
220. SIGNATURE	ATTENDING MED. STAFF 1 22b. DATE SIGNED
young 6. thun M	D. PHYS. DIRECTOR PHYS. 10-31-1961
22c. PHYSICIAN'S YOUNG E. CHUN	1500 penna. Ave. Hagerstown, Md
3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY ( REMOYAL_(Specify)	
BURIAL   11-2-1961   F'BG. MEMOR	
4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
FROSTBURG,	MD. DATE NOV 3 '61 arthur S. Kraue
//	

\* 30 ( 12 ) ( A20) TO THE STATE OF STATE OF THE ST Cantomist of the and of the Course property make I seeking as the stage of the . The property of the state of ras to state of the state of th

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11050 CERTIFICATE OF DEATH

1. PLACE OF DEATH  B. COUNTY WASHINGTON  MARYLAND  B. CHY OR TOWN 10 cubids ecoposes limits.  C. LINGTH OF STAY IN 10  B. CHY OR TOWN 10 cubids ecoposes limits.  C. LINGTH OF STAY IN 10  B. CHY OR TOWN 10 cubids ecoposes limits.  C. LINGTH OF STAY IN 10  B. CHY OR TOWN 10 cubids ecoposes limits.  C. LINGTH OF STAY IN 10  B. CHY OR TOWN 10 cubids ecoposes limits, write RUALA and five neared bown.  CHY OR TOWN 10 cubids ecoposes limits, write RUALA and five neared bown.  CHY OR TOWN 10 cubids ecoposes limits, write RUALA and five neared bown.  C. CHY OR TOWN 10 cubids ecoposes limits, write RUALA and five neared bown.  C. CHY OR TOWN 10 cubids ecoposes limits, write RUALA and five neared bown.  C. CHY OR TOWN 10 cubids ecoposes limits, write RUALA and five neared bown.  C. CHY OR TOWN 10 cubids ecoposes limits, write RUALA and five neared bown.  C. CHY OR TOWN 10 cubids ecoposes limits, write RUALA and five neared bown.  C. CHY OR TOWN 10 cubids ecoposes limits, write RUALA and five neared bown.  C. CHY OR TOWN 10 cubids ecoposes limits, write RUALA and five neared bown.  C. CHY OR TOWN 10 cubids ecoposes limits, write RUALA and five neared bown.  C. CHY OR TOWN 10 cubids ecoposes limits, write RUALA and five neared bown.  C. CHY OR TOWN 10 cubids ecoposes limits, write RUALA and five neared bown.  C. CHY OR TOWN 11 cubids ecoposes limits, write RUALA and five neared bown.  C. CHY OR TOWN 11 cubids accordance  C. CHY OR TOWN 11 cubids ecoposes limits, write RUALA and five neared bown.  C. CHY OR TOWN 11 cubids accordance  C. CHY OR TOWN 12 cubids accordance  C. CHY OR TOWN 12 cubids accordance  C. CHY OR TOWN 12 cubids accordance  C. CHY OR TOWN 11 cubids accordance  C. CHY OR TOWN 12 c	1					
B. CITY OR TOWN If invalide components limits, write RURAL and give nessed lown)  b. CITY OR TOWN If invalide components limits, write RURAL and give nessed lown)  IN AGENTALINA OR INSTITUTION If not in hoppilar jeve street eddrasa)  d. NAME OF HOSPITAL OR INSTITUTION If not in hoppilar jeve street eddrasa)  d. STREET ADDRESS  ON A TRAM  SAME OF HOSPITAL OR INSTITUTION If not in hoppilar jeve street eddrasa)  J. MANDE OR THE STREET OR STREET ADDRESS  S. SEX  G. COLO OR RACE   7. MARRIED BY NEVER MARRIED OR DEATH OCTOBER 1 PROPERTY IN HOUSE A HER.  Male  White WIDOWS DIVORCED APAIL 14, 1897  S. SEX  G. COLO OR RACE   7. MARRIED BY NEVER MARRIED OF BRITH OCTOBER 1 PROPERTY IN HOUSE A HER.  Male  White WIDOWS DIVORCED APAIL 14, 1897  D. DATE OCTOBER 1 PROPERTY IN HOUSE A HER.  IN HOUSE OF BRITH IN HOUSE A HER.  Machinery Machin	1.					
with RURAL and give necessal town)    Augustandown   Augustandown		111 1	MARVIAND			44
with RURAL and give necessal town)    Augustandown   Augustandown	-			c CITY OF TOWN (I	outside corporete limits, write	RURAL and hive neeres town)
d. NAME OF HOSTITUTOR (If not in hospilal, give street eddrass)    A. STREET ADDRESS		writa RURAL and give neerest town)				2 - 0 - 1
Washington County Hospital   9860 Main St.   DATE   No.	1-				icus	1502° L
Washington County Hospital   9860 Main St.   VIS   NO		d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spilal, giva straet addrass)	d. STREET ADDRESS		
DECERSED    DECERSED   Color Or RACE   MARRIED   ROUNDED   ROUNDED   PAPEL OF BIRTH   P. AGE   ENDREY LYRAR   F UNDER 224 HRS.				9860	Main St.	YES NO
Type or print)   Lawan   Cotober   Ty 1961	3.	NAME OF First	Middle	Last		Day Yeer
Male White WIDOWED DIVORCED APAIL 14, 1897 bet brindary) Months Days Hours Min.  10. SUJUAL OCCUPATION (Give kind of work done during most of working) life, were it refered by the most of working life, were it refered by the most of working life, were it refered by the most of working life, were it refered by the most of working life, were it refered by the most of working life, were it refered by the most of working life, were it refered by the most of working life, were it refered by the most of working life, were it refered by the most of working life, were it referred by the most of working life, were it referred by the most of working life, were it referred by the most of working life, were it referred by the most of working life, were it referred by the most of working life, were it referred by the most of working life, were it referred by the most of working life, were it referred by the most of working life, were it life, which is a proper life for (a), (b), and (c).  15. WAS DECEASED EVER IN U.S. ARMED FORCES; 16. SOCIAL SECURITY NO. 17. INFORMANT The life of th		(Type or print) Lawson			DEATH Octobe	
Male White Widows of device of the wind of west to device the device who device the device device device the device device of the device device of the device device the device device of the device devi	5.	SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED   B	DATE OF BIRTH		
done during most of working life, even if relired Machinest Death Month Progress and Denna USA  13. FATHER'S NAME  14. MOTHER'S MADEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes glivewer or detee of service) (Yes, no, or unknown) (If yes glivewer or detee of service) (Yes, no, or unknown) (If yes glivewer or detee of service) (Yes, no, or unknown) (If yes glivewer or detee of service) (Yes, no, or unknown) (If yes glivewer or detee of service) (Yes, no, or unknown) (If yes glivewer or detee of service) (Yes, no, or unknown) (If yes glivewer or detee of service) (Yes, no, or unknown) (If yes glivewer or detee of service) (Yes, no, or unknown) (If yes glivewer or detee of service) (Yes, no, or unknown) (If yes glivewer or detee of yes glive yes gl		1.000			7 64 yrs.	
Tabler's NAME   Tabler's NAM	10 de	e. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	(IND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME    14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT   17. INFORMANT		41 1	Ordanance	Waynesbox	ro Penna	USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (If yes give were deleasofservice)  NO  18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).]  18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).]  19. PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if eny, which geve rise to immediate couse (a), stating the underlying  Couse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF NOTIFICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.)  OR CONTRIBUTING CAUSE of PEATH  USE OF CONTRIBUTING CAUSE OF DEATH  USE OF CONTRIBUTING CONTRIBUTING CONTRIBUTING COURED. (Enter nature of injury in Pert I or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year  Hour a.m.  19. While Not While work of work.  19. While Not While work of work.  20c. FIACE OF INJURY (Home, farm.  19. While work of work.  20c. SIGNATURE  20c. SIGNATURE  20c. ADDRESS  NAME (Type)  ACTION CITY OF THE COURT OF TH	13			14. MOTHER'S MAIDEN	NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (If yes give were deleasofservice)  NO  18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).]  18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).]  19. PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if eny, which geve rise to immediate couse (a), stating the underlying  Couse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF NOTIFICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.)  OR CONTRIBUTING CAUSE of PEATH  USE OF CONTRIBUTING CAUSE OF DEATH  USE OF CONTRIBUTING CONTRIBUTING CONTRIBUTING COURED. (Enter nature of injury in Pert I or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year  Hour a.m.  19. While Not While work of work.  19. While Not While work of work.  20c. FIACE OF INJURY (Home, farm.  19. While work of work.  20c. SIGNATURE  20c. SIGNATURE  20c. ADDRESS  NAME (Type)  ACTION CITY OF THE COURT OF TH		Paulan Kallar		Amia Shar	lau (Not a	extein of anallinal
18. CAUSE OF DEATH (Enter only ona couse per line for (a), (b), end (c).		. WAS DECEASED EVER IN U.S. ARMED FORCES?   16	SOCIAL SECURITY NO.   17. I		Address	sound of specially
IB. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).  PART I. DEATH WAS CAUSES BY  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if eny, which gave rise to immediate couse (a), staling the underlying couse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) 19. WAS AUTOPSY PERFORMED?  YES NO   20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) 19. WAS AUTOPSY PERFORMED?  YES NO   20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR CONTRI	()	A I	E DO DOLE M.	. P V - 11	0060 Mais	+ D M -
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if eny, which geve rise to immediate cause (a), staling the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS VER IN PERFORMED?  YES PROPORTION OF CONTRIBUTING CAUSE OF DEATH IS IF THE PROPORTION OF CONTRIBUTING CAUSE OF DEATH IS IF THE PROPORTION OF CONTRIBUTING CAUSE OF DEATH IS IF THE PROPORTION OF CONTRIBUTING CAUSE OF DEATH IS IF THE PROPORTION OF CONTRIBUTING CAUSE OF DEATH IS IF THE PROPORTION OF CONTRIBUTING CAUSE OF DEATH IS IF THE PROPORTION OF CONTRIBUTING CAUSE OF DEATH IS IF THE PROPORTION OF CONTRIBUTING CAUSE OF DEATH IS IF THE PROPORTION OF CONTRIBUTING CAUSE OF DEATH IS IF THE PROPORTION OF CONTRIBUTING CAUSE OF DEATH IS IF THE PROPORTION OF CONTRIBUTING CAUSE OF DEATH IS IF THE PROPORTION OF CONTRIBUTING CAUSE OF DEATH IS IF THE PROPORTION OF CONTRIBUTING CAUSE OF DEATH IS IF THE PROPORTION OF CONTRIBUTING CAUSE OF DEATH IS IN CONTRIBUTING CAUSE OF DEATH IS IN CONTRIBUTING CAUSE OF DEATH IS IN CONTRIBUTION OF CONTRIBUTION OF COUNTY OF COUNTY (Shale)  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH IS IN CONTRIBUTION OF CONTRIBUTING CAUSE OF DEATH IS IN CONTRIBUTION OF COUNTY OF COUNTY (Shale)  20b. DESCRIBE HOW INJURY OCCURRED CONTRIBUTION OF COUNTY (Shale)  While NOT CONTRIBUTION OF COUNTY (Shale)  21. I CERTIFY THAT (I) (this hospital) attended the deceased from Causes and on the date stated above.  22c. PHYSICIAN'S AND ACT OF CAUSE OF CAU	-			solayson rec	er 480y Main c	I INTERVAL BETWEEN
DUE TO  Conditions, if any, which geve rise to immediate cause (a), staling it an underlying course leat.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) 19. WAS AUTOPSY PERFORMED?  YES PROPORTION TO CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING WEST OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, p.m. 19 while work et work et work)  21. I certify that (I) (this hospital) attended the deceased from 19. Month of the deceased alive on 19. Month of the deceased from 19. Month of the deceased alive on 19. Month of the deceased from 19. Month of the deceased alive on 19. Month of the deceased from 19. Med., and that death occurred at C. M., from the causes and on the date stated batter of the deceased from 19. Med., and that death occurred at C. M., from the causes and on the date stated batter of the deceased from 19. Med., and the deceased from 19. M		PART I. DEATH WAS CAUSED BY:	m	I do	1/2	ONSET AND DEATH
Conditions, if enry, which gove is to immediate cause (a), stating the undarlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CON		IMMEDIATE CAUSE (a)	1/2000	- original	anon !	, ins
geve rise to immediate cause (a), stating tha undarlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) 19. WAS AUTOPSY PERFORMED? YES PERFORMED? YES NO   20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) 19. WAS AUTOPSY PERFORMED? YES NO   20c. ACCIDENT WAS UNDERLYING OR CONTRIBUTION GIVEN IN PART (b) 19. WAS AUTOPSY PERFORMED? YES NO   20c. ACCIDENT WAS UNDERLYING OR CONTRIBUTION GIVEN IN PART (a) 19. WAS AUTOPSY PERFORMED? YES NO   20c. ACCIDENT WAS UNDERLYING OR CONTRIBUTION GIVEN IN PART (b) 19. WAS AUTOPSY PERFORMED? YES NO   20c. ACCIDENT WAS UNDERLYING OR CONTRIBUTION GIVEN IN PART (b) 19. WAS AUTOPSY PERFORMED? YES NO   20c. ACCIDENT WAS UNDERLYING OR CONTRIBUTION GIVEN IN PART (b) 19. WAS AUTOPSY PERFORMED? YES NO   20c. ACCIDENT WAS UNDERLYING OR CONTRIBUTION GIVEN IN PART (b) 19. WAS AUTOPSY PERFORMED? YES NO   20c. ACCIDENT WAS UNDERLYING OR CONTRIBUTION GIVEN IN PART (b) 19. WAS AUTOPSY PERFORMED? YES NO   19. WAS AUTOPSY PERFORMED? TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (b) 19. WAS AUTOPSY PERFORMED? YES NO   19. WAS AUTOPSY PERFORMED? YES NO   19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO   19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO   19. WAS AUTOPSY PERFORMED? PERFORMED? PERFORMED? YES NO   19. WAS AUTOPSY PERFORMED? PERFOR		15 / X DUE TO	Al Plan man	· Vance	1111/11/11/11	
(a), stating tha undarlying   DUE TO   Mulliple   Mella   State   Mella   Mell			way on	a lance	case wire	1 1 . 1.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION (IVEN IN PART 16) 19, WAS AUTOPSY PERFORMED?  YES PORT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION (IVEN IN PART 16) 19, WAS AUTOPSY PERFORMED?  YES NO   20e. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.)  20c. TIME OF INJURY Month, Dey, Year While of work   Short While of work   Or other part II of item 18.)  21. I Certify that (I) (this hospital) attended the deceased from 19 of item 18.)  22. SIGNATURE   19 of item 18.)  22. PHYSICIAN'S   NAME (Type)   19 of item 18.)  22. PHYSICIAN'S   NAME (Type)   19 of item 18.)  22. PHYSICIAN'S   NAME (Type)   19 of item 18.)  22. PHYSICIAN'S   19 of ite			It I mo	Lastane,	- PIT A	I genknown
PERFORMED?  YES NO   20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Peri I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURED   20e. PLACE OF INJURY (Home, farm, fectory, street, office bidg., etc.)   20f. (City or town)   (County)   (State)    21. I certify that (I) (this hospital) attended the deceased from   20f. (Injury in Peri I or Part II of item 18.)  22c. SIGNATURE   20f. (City or town)   (County)   (State)    22c. SIGNATURE   22d. ADDRESS   22d. ADDRESS   22d. ADDRESS    22d. ADDRESS   22d. ADDR			unife " a	ar sives	Thouse 17	wardy -
20c. TIME OF INJURY Hour a.m. p.m.  19  20d. INJURY OCCURRED While Not While et work   20d. INJURY OCCURRED While Not While et work   20d. INJURY (Home, farm, fectory, street, office bldg., etc.)  21. I certify that (I) (this hospital) attended the deceased from 19.0, and that death occured at	Z	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDITION SIVE	
20c. TIME OF INJURY Hour a.m. p.m.  19  20d. INJURY OCCURRED While Not While et work   20d. INJURY OCCURRED While Not While et work   20d. INJURY (Home, farm, fectory, street, office bldg., etc.)  21. I certify that (I) (this hospital) attended the deceased from 19.0, and that death occured at	ATIO					
20c. TIME OF INJURY Hour a.m. p.m.  19  20d. INJURY OCCURRED While Not While et work   20d. INJURY OCCURRED While Not While et work   20d. INJURY (Home, farm, fectory, street, office bldg., etc.)  21. I certify that (I) (this hospital) attended the deceased from 19.0, and that death occured at	H	20a. ACCIDENT WAS UNDERLYING TO 1 20b. DE	SCRIBE HOW INJURY OCCURED	. (Enter netura of injury in I	Pert I or Part II of item 1B.)	
20c. TIME OF INJURY Hour a.m. p.m.  19  20d. INJURY OCCURRED While Not While et work   20d. INJURY OCCURRED While Not While et work   20d. INJURY (Home, farm, fectory, street, office bldg., etc.)  21. I certify that (I) (this hospital) attended the deceased from 19.0, and that death occured at	ERT	OR CONTRIBUTING CAUSE OF DEATH				
21. I certify that (I) (this hospital) attended the deceased from 15 to 196 to 196, that (I) (we) last saw the deceased alive on 196, and that death occured at 196, from the causes and on the date stated above.  22e. SIGNATURE  22e. PHYSICIAN'S NAME (Type) From R E Bromback  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county)   (Stata)  23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county)   (Stata)  24 FUNERAL DIRECTOR'S SIGNATURE  25a. REC'D BY REGISTRAR'S SIGNATURE			NAMED OF COURSES OF THE	CE OF INITIDY (Home from	1 205 (City on town)	(County) (Conta)
21. I certify that (I) (this hospital) attended the deceased from 15 to 196 to 196, that (I) (we) last saw the deceased alive on 196, and that death occured at 196, from the causes and on the date stated above.  22e. SIGNATURE  22e. PHYSICIAN'S NAME (Type) From R E Bromback  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county)   (Stata)  23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county)   (Stata)  24 FUNERAL DIRECTOR'S SIGNATURE  25a. REC'D BY REGISTRAR'S SIGNATURE	100	2001				(County) (State)
saw the deceased alive on 19.6., and that death occured at 6M, from the causes and on the date stated above.  220. SIGNATURE  Land State above.  ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR STAFF SIGNED  221. PHYSICIAN'S NAME (Type) Frank E Brundack PHYS. DIRECTOR STAFF SIGNED  222. PHYSICIAN'S NAME (Type) Frank E Brundack PHYS. DIRECTOR STAFF SIGNED  223. BURIAL, CREMATION, 23b. DATE THEREOF PHYS. DIRECTOR PHYS. DIRECTOR STAFF SIGNATURE  230. BURIAL, CREMATION, 23b. DATE THEREOF PHYS. DIRECTOR PHYS. DIRECTOR STAFF SIGNATURE  231. BURIAL, CREMATION, 23b. DATE THEREOF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DATE SIGNATURE  232b. DATE SIGNED  22b. DATE SIGNED  22c. PHYSICIAN'S SIGNATURE  22d. ADDRESS  23d. LOCATION (City, town or county) (State)  23d. LOCATION (City, town or county) (State)  23d. LOCATION (City, town or county) Maryland  24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	ME	at we	rk et work			+ 4
saw the deceased alive on		21. I certify that (I) (this hospital) atter	nded the deceased from	15 Oct	196 1 to 1 1 0	1964, that (I) (we) last
220. SIGNATURE  LEAN E  LEAN BOCK  ATTENDING MED. DIRECTOR PHYS. DATE SCORED  22c. PHYSICIAN'S NAME (Type) Frank E Bromback  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  23d. LOCATION (City, town or county)  REMOVAL ISpecify)  10/20/61  Rest Haven Cemetery  ADDRESS  25a. REC'D BY REGISTRAR'S SIGNATURE		1/ 4			M, from the causes	and on the date stated above.
22c. PHYSICIAN'S NAME (Type) Frank E Bromback 22d. ADDRESS  23d. LOCATION (City, town or county) (Stata)  REMOVAL ISpecify) 10/20/61 Rest Haven Cemetery  24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  25a. REC'D BY REGISTRAR'S SIGNATURE		2 67	1 11	1	,	
22c. PHYSICIAN'S NAME (Type) Frank E Bromback 22d. ADDRESS NAME (Type) Frank E Bromback 22d. ADDRESS  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county (State))  REMOVAL (Specify) 10/20/61 Rest Haven Cemetery Hagerstown Maryland  24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		Isan My	eum bed			18 met 6 YGNED
NAME (Type) Frank E Bromback 170 westwashington, ST  238. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 10/20/61 Rest Haven Cemetery Removal (State) Hagerstown Maryland  24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		220 PHYSICIAN'S -	The state of the s	.0.		9
REMOVAL ISPOSITY 10/20/61 Rest Haven Cemetery Hagerstown Maryland  24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE			Bromback	170	westwo	shington ST
REMOVAL ISPOSITY 10/20/61 Rest Haven Cemetery Hagerstown Maryland  24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	_	1.000/	Les Marie of Columnia	OR CREWATORY	Last LOCATION (City In	(State)
SWEAT 10/20/61 Rest Haven Cemetery Hagerstown Haryland  24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  258. REC'D BY REGISTRAR'S SIGNATURE  259. REC'D BY REGISTRAR'S SIGNATURE	23	DEMOVAL (Specify)	10		23d. LOCATION (City, 10)	vii or country (Stata)
24 FUNERAL DIRECTOR'S SIGNATURE		Burial 10/20/61	Rest Haven			The second secon
Rest Haven Funeral Chapel Hagerstown, Md. DATE OCT 20'61 Circling S. Kinns	24	FUNERAL DIRECTOR'S SIGNATURE				
Why a Horst	1	Rest Haven Juneral Chape	el Hagerstown	r, Md. DATE OF	CT 2 0 '61   CI	relius S. Kraus
	-	When a	Horst			



22b. DATE SIGNED

(Stote)

Circhay S. Krous

	11980 CERTIFICATE OF DEATH
M)	1. PLACE OF DEATH o. COUNTY Washington  Washington  Wash.  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Wash.
· C. /	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  15 days  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cavetown
161	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Washington County Hospital  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO
	3. NAME OF DECEASED (Type or print) George Theodore Kendall 4. DATE OF DEATH Ct. 20, 196]
	S. SEX  Male  Mite  Midowed Divorced Divorced Nov. 9, 1876  Married Nov. 9, 1876  Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  blacksmith  blacksmith shop  Pleasant Valley, Md.
F	13. FATHER'S NAME William I. Kendall Susan Brunner
7	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  (Yes, no, or unknown) (If yes, give wor or dates of service) 214-36-0323 Jason L. Kendall, Hagerstown, Md.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOP: PERFORMED? YES NO
	20b. ACCIDENT WAS UNDERLYING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Doy, Yeor Not while of work
1	21. I certify that (I) (this haspital) attended the deceased fram 1/3 1957, ta 10/20 , 1961, that (I) (we) losaw the deceased alive an 10/20 1961, and that death accurred at 3/1/20, from the causes and an the date stated above 220, SIGNATURE
1	M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR DIRECTOR DIVERTOR 10/21/61
	Charles F. Hess M.D. Smithsburg, Id.  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
0	REMOVAL (Specify) 10-23-61 Welty's Ceme tery Smithsburg, Md.  24. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	29, OTTENDE DIRECTOR S SIGNAR S S SIGNAR S S SIGNAR S S SIGNAR S S S S S S S S S S S S S S S S S S S

Scott F. Minnich & Son, Smithsburg, Md. DARCT 24'61

TO HOSPIT & ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 having after death. Page 4 may be readed by the haspital or attending physician. VR A15 (4) 15M 9/59

98211 And the second s the Large to the control of the control of the 

mist (1. shift) Talker (1. shift) Here (1. shift) (1. shift) . In the sound of the about the second of the sould

trained Therital

as I a see a see of the second of the second

THE CANADA LANGUAGE STREET STREET, SALES STREET

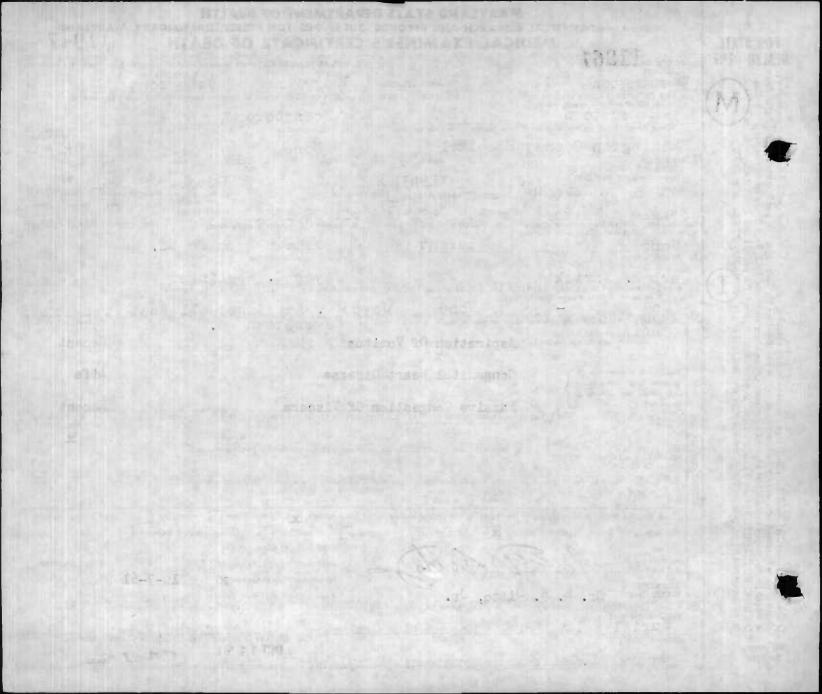
Bed with the court of the court, the court of the court o

FOR STATE HEALTH DEPT (SO) Your files.
FOR STATE
HEALTH DEPT
Page
M
i an hay is necessary is necessary is necessary in a state Roard of death.
AL EXAMINER: This certificate should be executed within 24 hours after death. If an infected, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the item of the the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State & Soar 1, prior to burial, cremation, or removal, and in any premixitin 72 hours after death.
If ar of the control of the Ser de
d 3 to a by by with with saft
2, an 5 m d 2 hour
Page 1, Page 1, I A T Z
M3.
I STER STER
ad wi
in the man with man wasit p
be ey encil e elo il-trar l, enc
ould in p Offic buria
ding's ner's as a
"pen xamii used ion, c
vord cal E d be
the the Medishoul
riffing Chief Se 3
the Charles for to
AL E
DIC.
TO DEPC. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an ey is neces please execute the certificate, writing the word "pending" in pendi in item 18. Give Pages 1, 2, and 3 to the the fall director. 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fit or FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State & Out or its designated agent, prior to burial, cremation, or removal, and in any premit within 72 hours after death.
exected be resigned by the sign of the sig
Shou FUN its d
0 g 4 0 g

VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH () 1	2. USUAL RESIDENCE (Where daceasad lived, If institution, Residence before admission)				
Washington MARYLAND	Maryland Washington				
b. CITY OR TOWN (if outside corporete limits.	ac. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
write RURAL end give nearest town)	V-				
Hagerstown DOA	Boonsboro				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS   e. IS RESIDENCE				
Washington County Hospital	None ON A FARM?				
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer				
(Type or print) LORENA JEAN KEPLING	ER DEATHOCTOBER 5 1961 19				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.				
	April 29 1967   lest birthdey)   Months   Deys   Hours   Min.				
TOWALC INTIL OC	April 39 1961   yrs.   5				
dona during most of working life, even if retired)	II. DIKTHPLACE (State of foreign country)				
None Infant	Hagerstown Wash Co Md. USA				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	T and O II and				
Carl R. Emrick	Joyce C. Keplinger				
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, no, or unkown)   (Ifyesgivewarordetasofsarvice)	INFORMANT Address				
	oyce C. Keplinger 631 West FranklinSt				
18. CAUSE OF DEATH [Enter only one ceusa par line for (a), (b), and (c).]	Haratown and Interval Between				
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH				
IMMEDIATE CAUSE (a) Aspiration Of Vom	itus Recent				
754,C DUE TO					
Conditions, if any, which (b) Congenital Heart Disease					
gava rise to immediate causa	Disease Life Life				
(a), steting the underlying DUE TO					
cause lest. (c) Passive Congestion Of Viscera					
	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY				
Ĭ,	PERFORMED?				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING  COLUMN COLUM	YES X NO				
PRIMARY Or CONTRIBUTING	(Entar neture of injury In Pert I or Part II of item 18.)				
	ACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State)				
Hour a.m. While Not While fa	ctory, streat, offica bldg., atc.)				
7 7 1					
21. I certify that I took charge of the remains described above, I	reld an Autopsy x, Inspection , Inquiry , and in my opinion				
death resulted from: Natural causes X, Accident , Sui	cide , Homicide , Undetermined manner				
1 0 ~	CHIEF MEDICAL EXAMINER				
ACTUAL A SUI O. W.					
SIGNATURE //C	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED				
EXAMINER'S	DEPUTY MEDICAL EXAMINER X 10-7-61				
NAME (Type) Dr. E. W. Ditto. Jr.	Addrass (Street, city, town, or county)				
228. BURIAL, CREMATION, 226. DATE THEREOF   22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or country) (State)				
REMOVAL (Specify)	N TT				
Burial   10/9/61   Rose Hill	Cemetery   Hagerstown Naryland				
23. FUNERAL DIRECTOR ADDRESS	OCT 1 1 '61				
Androw V College II	061101010101				
Andrew K. Coffman Hagerstown L	Prilan PATE OF 11 61 7-Thur S. King				



# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

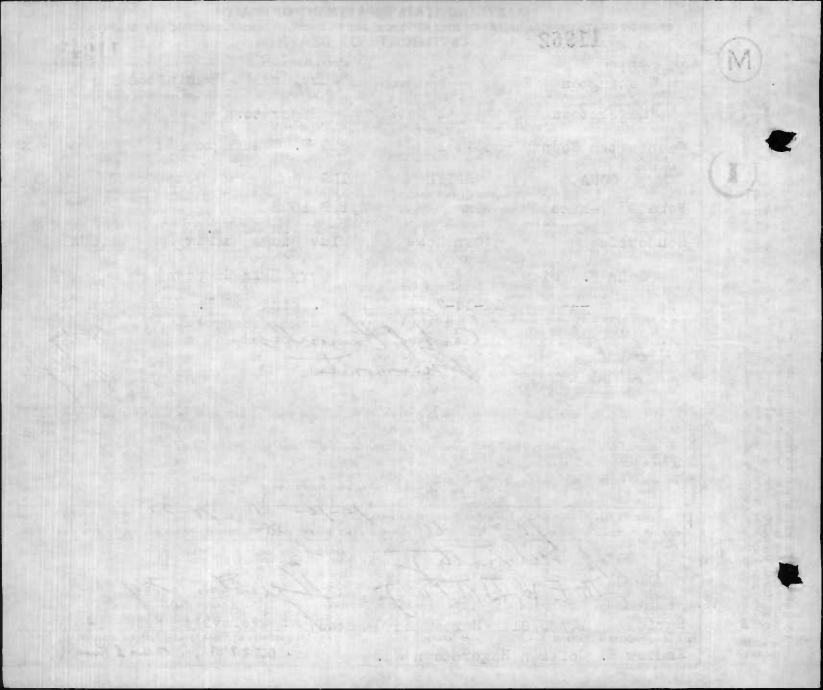
11362

CERTIFICATE OF DEATH

	11350			
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)			
Washington MARYLANI	"Maryland Washington			
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)			
write RURAL and give neerest town) Hagerstown 1 Week	Hagerstown			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   a. IS RESIDENCE			
9.09	ON A FARM?			
Washington County Hospital  3. NAME OF First Middle				
DECEASED	OF			
(Type or print) CORA SMITH	KING DEATH October 23 19 61			
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF SIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  last birthday) Months Days Hours Min.			
Female white widowed Divorced	Apr 9 1895 66 yrs. Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDU	ISTRY 11. BURTHPLACE (County & State, To foreign country) 12. CITIZEN OF WHAT COUNTRY?			
dona during most of working lifa, evan if ratirad) Housewife Own Home	Blue Ridge Summit USA			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
John V. Smith  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17	Mary Eliz (Unknown)			
(Yes, no, or unkown)   (Ifyasgive war or detas of sarvice)				
	Henry K. King 839 W. Washington St			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Hagers town Id INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Homorkon & days			
331 X DUE TO				
Conditions, if any, which (b)	4 don			
gava risa to immadiate cause				
(a), stating the underlying DUE TO				
(0)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  208. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?			
<u> </u>	YES NO			
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU	RED. (Enter natura of injury in Part I or Part II of itam 18.)			
0	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)			
Hour a.m. While at work at work	factory, streat, office bldg., etc.)			
	10-16- 11-23 206 110121			
21. I certify that (I) (this hospital) attended the deceased fro				
	hat death occured and M.M. from the causes and on the date stated above			
22a. SIGNATURE	ATTENDING MED STAFF 22b. DATE SIGNED			
1. Me hollo to	M.D. PHYS. DIRECTOR PHYS.			
22c. PHYSICIAN'S NAME (Typa)	22d. ADDRESS			
NAME (1900) FT + WALLED	Segustons my			
230. BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (City, town of county) (State)			
REMOVAL (Spacify)	Cenetery Rouzersville Franklin CoPa			
Buri 1 10/25/61 Harburghs ( 24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS	25a, REC'D 8Y REGISTRAR 25b, REGISTRAR'S SIGNATURE			
	DATE OCT 27'61 Cathun S. Kraus			
Andrew K. Coffman Hagerstownd	DATE USI 2. PORTE			

in 24 hours after expects. Pages 1 and 2 in 72 hours after death. death. Page may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages: be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hospital. VR A15 (4) 15M 9/60



IOS ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after		FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete. Alfed in by the funeral	ctor, page 3 should be detached for use as the burial-fransit permit. Then please remove carbon papers. Pages 1 and 2 should	1
ours		he fu	2 sh	1
74 P		by	and	r dea
UIL		led in	ges	effe :
27			S. Pa	hours
Scure		plete	papel	1 72
9 6		do con	noc	vithir
Ď Đ		n and	car	ent, v
TITICA		Sicial	move	y eve
		g bhy	Se re	in an
dear		nding	plea	pue
The		atte	Then	Val.
s tha	an.	y the	mit.	remo
duire	ysici	ed b	t per	n. or
¥ Fe	d bu	sign	ransi	natio
he la	endi	peer	urial-	. crer
	or at	has	he bi	uria
CIA	pital	ficate	as t	to t
IXXI	soy &	cert	or use	Drio
P	y the	r this	po to	hiles
DIN	d ber	Afte	etach	H jo
TEN	refair	COR:	be d	Japt.
AT AT	y be	ECJ	pluo	late!
Ö	t ma	DII	3 sh	ho S
	8	RAL	page	with 4
05	th. 164 may be retained by the hospital or attending physician.	UNE	ctor,	filed with the State Debt of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death
-94	1000	13.4	-	14

Sec. 28

15M 7/61

CERTIFIC

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 11963 CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY WASHINGTON MARYLAND MARYT, AND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) b, CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) HAGIRSTOWN 70 YRS. HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? WASHINGTON COUNTY HOSPITAL ELIZABETH YES NO X First Middle 4. DATE Month Year DECEASED HARRY HAMILTON KRETZER (Type or print) OCTOBER DEATH 24 19 67 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Hours DIVORCED T WIDOWED [ 10b. KIND OF BUSINESS OR INDUSTRY | 1t. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) RETIRED TOOL MAKER CEMENT MFG. MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE W. KRETZER ELTZABETH DOVLE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address AGFRSTOWN (Yes, no prunkown) (Hyesgive werordetesofservice) MR. HARRY W. KRETZER MD. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).) INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Arteriosclerotic Heart Disease with A-V IMMEDIATE CAUSE (e) Block and Stokes-Adams Syndrome year. (b) Generalized Arteriosclerosis. Conditions, if eny, which geve rise to immediate cause DUE TO (a), staling the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? NO DO None. 20e. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (Stete) Month, Day, Yeer 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) While Not While Hour e.m. et work at work attended the degeased from Sept. 3. 1960 to Oct. 24. 1961 that (1) (we) last 21. I certify that (1) (this bospital saw the deceased alive on. Oc 1961, and that death occured at .T.P. M, from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE Oct. 25, 1961 SIGNED DIRECTOR T PHYS. PHYS. M D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) R.A.Bell. M.D. 119 N. Potomac St. Hagerstown, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOYAL (Specify) TIZE. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE Chillen & Hears

1. (1 40 **基代证明** 20月1年上 THE RESERVE OF THE PARTY OF THE TAX HIS . R. HERO. G 0 2 73 118

7 OF STATISTICAL RESEARC STREET, BALTIMORE 1, MARYLAND 0 14 CERTIFICATE OF DEATH 44 funeral PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) a. COUNTY a. STATE b. COUNTY papers. Pages remain 72 hours after death. WASHINGTON MARYLAND NASHINGTON
OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 CITY Pages 1 and write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street eddress) THREE MONTHS DONSBORD e. IS RESIDENCE ON A FARM? YES NO HOSPITAL completely NAME OF Month Year DECEASED (Type or print) DEATH 19 6/ within A ICLA 8. DATE OF BIRTH OCTOBER carbon SEX AGE (In years | IF UNDER 1 YEAR physician and last birthday) Months Days WIDOWED W DIVORCED 104. USUAL OCCUPATION (Give kind of work YES. 6 remove 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSE ! MIFE WASH, COIMP. U.S.A. please and in CO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician. director, page 3 should be detached for use as the burial-transit permit. Then please be filed with the State Dept. of Health prior to burial, cremation 15. WAS DECEASED EVER IN U.S. ARMED FORCES? AUCHLIN CATHERINE (Yes, no, or unkown) | (If yes give war or detes of service) 00 NS B0120 NONE 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING T OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stete) Month, Dev. Year (County) factory, street, office bldg., etc.) Not While Hour e.m. While et work et work p.m. 19.58, to... 19(Q., that (I) (we) last ....19.6.1.., and that death occurred at 1238, from the causes and on the date stated above. saw the deceased alive on.... 22b. DATE 22e. SIGNATURE ATTENDING MED. SIGNED DIRECTOR PHYS. PHYS. 22c. PHYSICIAN 22d. ADDRESS NAME (TYP 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) EARSPRING JORIA 15a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE ADDRESS **EUNERAL DIRECTOR'S SIGNATURE** VR A15 (4) DATE OCT 2 4 '61 1SM 7/61 arthur & Thous MID JOONSBORD

law requires that the death certificate be

DESTALL PROMYCE CONTROL FOR ANY AND RESIDENCE LONG TO THE COLUMN THE PROPERTY OF THE PARTY WACHT OF HARVEST A CABAR MICHERIA LABIN ... TOTALELE TO SAN STATEMENT X STAN SANS HORSE WIFE DIVINE MAKE CLEARSPRING WASH COMMINGE TENDED MELENGALIN CATHERANE PRICERE ALLE DOBEST E LAWRY POPULATION AND. Sales of the sales of the POLICE SOLD STATE COMMERCY PERK CHARGERY THE AND THE RESIDENCE OF THE PROPERTY OF THE PARTY OF THE PAR thin 24 hours after

TO HA CALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed. Whin 24 hours after death 1996 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11965
CERTIFICATE OF DEATH 11051

	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmission)
		Washington MARYLAND	o. STATE Maryland Washington
		b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		Hancock 68 Yrs	X Hancock Maryland
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	1	Home	YES NO N
		NAME OF First Middle	Last 4. DATE Month Day Year
		DECEASED (Type or print)	Loghley DEATH 10 1, 61 19
	5.	SEX   6. COLOR OR RACE   7. MARRIED     8.	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
			last birthday) Months Days Hours Min.
	10-		ov.29.1888 72 yrs.
	qoi	USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	11. BIRTHPLACE (County & Stata, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
		Labor Penna/Glass Co:	rp. Allegany Maryland U.S.A.
	13.	FATHER'S NAME	rp. Allegany Maryland U.S.A.
$\mathbb{N}$		Charles G Lachley	Rebecca J Nycum
/	15.	WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 11	NFORMANT Address
	(10:	s, no, or unkown) ((fyasgiva warordatasofsarvica)	D D D T 1 7 17 1 17 1 17 1 17 1 17 1 17 1
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	rs Rose E Lashley Hancock Md.
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Leukemia	onset and death months
		2 04,L/ DUE TO	
		C	
		geva risa to immedieta causa	
		(e), steting the underlying DUE TO	
	_	cause lest. (c)	TOTAL TO THE TENNIS AND THE TENNIS CONDITION OF THE TOTAL AND THE TOTAL
	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	3		YES NO
	CERTIFICATION	20e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of Item 18.)
			CE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (Stata)
	MEDICAL		ory, streat, office bldg., atc.)
	ME	p.m. 19 et work at work	
		21. I certify that (11 (this hospital) attended the deceased from	July 1959 to Oct. 4, 1951, that (1) (we) last
			death occured ap
П		22a. SIGNATURE	22b. DATE
		F.B. Thomas III /11.21. M.	ATTENDING MED. STAFF PHYS. A DIRECTOR PHYS. 10-6-6
		22c. PHYSICIAN'S	22d. ADDRESS
		NAME (Type) Frank B. Thomas IIIMD	Hancock, Md.
Ħ		. BURIAL, CREMATION.   23b. DATE THEREOF   23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
		REMOVAL (Specify) Burial 10/7.61 Rehobeth Me	ethodist Rural Fulton County Penna
(c)	24	Burial 10/7.61 Rehobeth Me	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	1		0 4 0 0 000 000 000
	1	Tourse of serve panco	DATE OCT 10'61 Chilling L. Kinne

. bil the contract to tree to contract to be at the contract to

name | garage modeled today | judgoste | riteconed | []. Will | Introd

Housell of the special will all the

antique d'appendent de l'appendent d

Det Case

24 hours after

plnous funera pepers. Pages 1 and 2 shan 72 hours after death. TO HOSPIX FOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with death. Page A may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely has director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pepers. Pag be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.

VR A15 (4) 15M 9/60

11000

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 11059

5

	11300						2004	
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN	ICE (Where dec			e before edmi	ssion)
	Washington	MARYLAND	e. STATE Mary	rland	b. COUNTY	Washir	arton	
	b. CITY OR TOWN (if outside corporata limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		ete limits, write R		neerest town)	
	Downsville	40 yrs.	Down	sville				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	ital, give streat addrass)	d. STREET ADDRESS				e. IS RESIDI	
	Downsville		DOM	nsville			YES NO	ARM?
3.	NAME OF First	Middle	Last	4. DATE	Month	Dey	Year	M
	OECEASED (Type or print) Farl	Downey	Long	OF DEATH		8	10 6	
5.	SEX   6. COLOR OR RACE   7. MARRIED		DATE OF BIRTH		AGE (In yeers   If		19 6]	
	Male White WIDOWED		ct. 26 188		1 . 1 1 . 1 1	Months Days		Ain.
10	and develop a sent of a set of the set of th	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	nty & State, or fo	preign country)	12. CITIZEN O	WHAT COU	NTRY?
	Store Owner Har	cery & dware	Downsvil			USA		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN					
9.00	Joshua Long			a C. We				
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S. es, no, or unkown) Wester Paragraphy or unkown)		NFORMANT	- 75	Address			
	Tes war I ZI		s. Kathle	en Long	g Bowns			
	18. CAUSE OF DEATH (Enter only one ceuse per lin PART I. DEATH WAS CAUSED BY:	e for (e), (b), end (c).]	1				ERVAL BETWEE	
	IMMEDIATE CAUSE (e)	republ	Henre		_		5mi	n
	331X DUE TO	,	1 77	11 0			.00.	
	Conditions, if eny, which (b)	mevaliz	00 H	Thei	osch	0515	109	(V
	(a), steting the underlying DUE TO	)					1	
	ceuse lest. (c)							
NO NO	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CO	ONDITION GIVEN	IN PART 1(e) 1	9. WAS AUTO	
CATION	Obe	251/7				1	ES NO	四
CERTIFI	206. ACCIDENT WAS UNDERLYING   206. DESC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURED	. (Entar neture of injury in	Part I or Pert II o	of item 18.)			
		NJURY OCCURRED   2Da. PLA	CE OF INJURY (Homa, far	m, ; 20f. (City o	or town)	(County)	(Stet	ta)
EDICAL	Hour a.m. While	Not While fect	of, street, office bldg., etc		/			
X	p.m. U 19 et work	et/work	1.0	12 530	10-4-0	- 10//		
	21. I certify that (I) (this hospital) attended		1	19. J. 8 to		, 19. <i>Ge.(</i> , t		
	saw the deceased alive on	19. (a), and that	death occured at .	M, trom	the causes ar	nd on the da	ate stated at	
	22a SIGNATURE SYNA	A M		MED. DIRECTOR	STAFF PHYS.	10		IGNED
	22c. PHYSICIAN'S NAME (Type) M = 12.	.VK.T	22d. ADDRESS	11 214	2000	+ 11	111	
_	PUPING	TO TO THE OF COMMETERY	OD COSMATORY	11-1000	TOVOV	1	19	
23 F	BETTEL Specify) Oct. 13-61	Bakersville	Cemetery	Bake	rsvill	e Md.	(Srate)	
24	SUNERAL DIRECTOR'S SIGNATURE	7 Aggresside St	25e. RE	C'D BY REGISTR	AR 25b. REGI	STRAR'S SIGNA	TURE	
	Jennie Ce Xeal	Williamsh	TI MODATE	OCT 1 3 '6	1   Ci	nthun S. Hr	aus	

elfivamo

TOWN 5TO FE

Politivanto

modan trisali

offiverwood

- Common Le

Feryland wishington

lowney Long Cot. 11 26 100 400 105 and

. N. C. Livanyou Sover 10.

THE C. PLUS

Yes Ford war 1 219 20 0129 Mrs. Tathleen Long Hownsville Paryland

Burial Dot. 12.61 Selensville Comptony Bakersville M.

TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours atterted beath. Page 4 may be retained by the hospital or attending physician.

\$ > TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely wed in by the funeral of funeral structures as the burial-transity permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transity permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

	MAKILAND STATE DEPARTMENT OF REALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIN	AORE 1, MARYLAND
11967	CERTIFICATE OF DEATH	11953

	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE	Where decessed lived, If it b. COUN	nstitution: Residence before edmission)
	WASHINGTON	MARYLAND	MARYLOWY		Frederick
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16			RURAL end give neerest town)
	BOOKS BORO RT 2  d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	4715 4 MOUNT	BRUNSWICE.	<. J	0 25 - 3
				4 ( -	ON A FARM?
4-	TAHRNEY HEEDY MEM. A	Middle		A ST. Month	YES NO Z
	DECEASED		delice to the second	OF .	10 11
	(Type or print) EMMA	CECELIA	MARTIN		17.0
	5. SEX 6. COLOR OR RACE 7. MARRIED		DATE OF BIRTH	9. AGE (In years last birthday)	Months Deys Hours Min.
7	PEMALE W WIDOWE		9/1/13	88 yrs.	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY		& Stete, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		IL ROAD	BERKLEY	W. VA,	
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
		ANTIN		CE CELIA	CONWAY
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unkown) ((Ifyesgivewerordetesofservice)	SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
	1B. CAUSE OF DEATH [Enter only one couse port	ne for (e), (b), and (c).]	1-1	-	INTERVAL BETWEEN ONSET AND DEATH
Ä	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	neralged	merisole	ner	494
	450 A DUE TO				
	Conditions, if any, which (b)	<b>V</b>			
	gave risa to immediate cause				
	(e), steting the underlying ceusa lest. (c)				
4		TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE CONDITION GIVE	N IN PART 1(e)   19. WAS AUTOPSY
	OITA OITA				PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CON  206. ACCIDENT WAS UNDERLYING   206. DESI OR CONTRIBUTING   CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pe	rt I or Pert II of item 18.)	1
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	Z 20c. TIME OF INJURY Month, Day, Year   20d. I	INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. I Hour e.m. While at work	1401 14 11116	ory, street, office bldg., etc.)		
			Doct 24	61. Bet 20	10// 11/0/ 21/
	21. I certify that (I) (this hospital) attend			D.	, 1964, that (I) (we) last
			death occured at 7.	M, from the causes	and on the date stated above.
	22e. SIGNATURE	1	ATTENDING ME		SIGNED
	22c. PHYSICIAN	, M.	D. PHYS. DIF	RECTOR PHYS.	10/1
	NAME (Type) A W. LOC	lan	190	nulon	10/10/61
	- O'x vo trees	LOS MANY OF CEMETERS	OD CDEMATORY	224 LOCATION (City Ass	(Sala)
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF	CALTIT NO	OR CREMATORY	PETERS V	rn or county) (Sieta)
)	DUNIAL DIO 23 01	SHIN INITE	1110	16/12/10/1	HOTEL CIONIA THE
1	24 FUNDERAL PIRECTOR'S SUBNATURE	ADDRESS ALD DI	25e. REC'I		
1	10 he Jule . OKUNSW	IN HAP	DATEOCT	26'61 Chi	hur S. Traus

M) with some of the M a descense in CONTRACTOR OF THE STREET THE REST OF THE REST OF THE PARTY OF THE PAR Note that the second of the se LIFELD WITHOUT MICHAEL LANGUE SEED Comentaged adequation on or py 19" 1-2 fig. 19 1.1 229 ARREST TONES OF THE PROPERTY OF THE PERSONS OF The fact that the state of the

11968

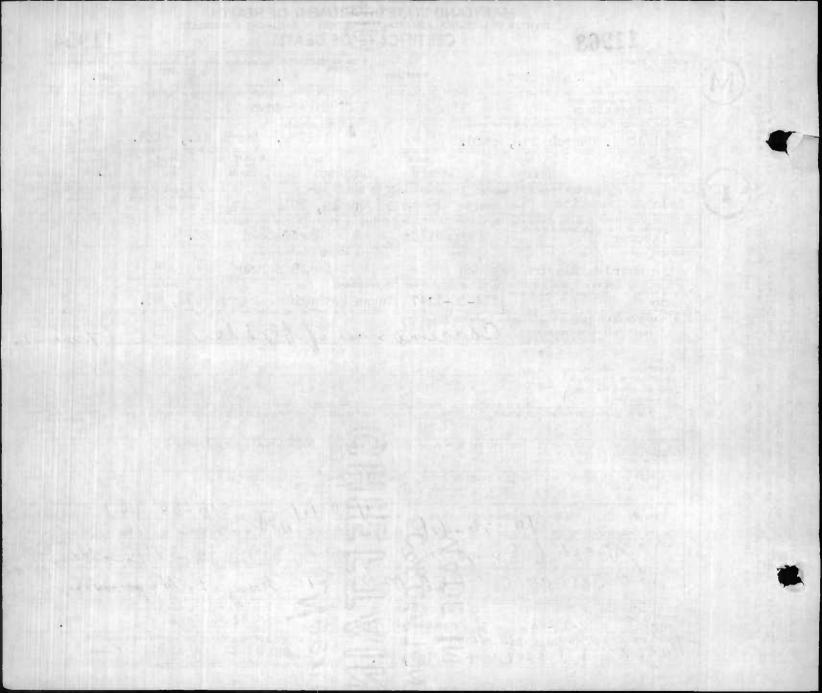
# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

11954

1. PLACE OF DEATH D. COUNTY	Ja shingt	on	MARYLA	AND	2. USUAL RESIDI	Md.	ere deceosed	lived. If institut b. COUNTY		ash		ion)
b. CITY OR TOWN (IF RURAL and give nee	arest town)	ts, write	c. LENGTH OF STAY IN	V 1Ь	1 2	own (If b		ole limits, write l	RURAL and	give ne	arest tawn	)
d. NAME OF HOSPITA OR INSTITUTION 1417 W.	Church St		address) xtd.		d STREET AD		Churc	h St., e	xtd.			DENCE FARM? NO
3. NAME OF DECEASED (Type ar print)	Fir Harr		Middle Edward	1	layhugh		4. DATE OF DEATH	Mo 10		Do 26	,	Yeor 1961
5. SEX male	6. COLOR OR RACE white	7. MARE	RIED NEVER MARRIED  DIVORCED		DATE OF BIRTH	1916		9. AGE (In years last birthday) 45 yrs.	IF UNDE Manths	R 1 YEAR Days	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATIO during most of worki laborer	N (Give kind af working life, even if retired	done 10b.	KIND OF BUSINESS OR Fairchilds	INDUST		ce (State o		untry) Md.	12.CI	TIZENO	FWHATC	OUNTRY?
13. FATHER'S NAME					14. MOTHER'S A	AAIDEN N	IAME					
Charl	es Clayton	Mayl	nugh		Sus	an Mu	irray					
15. WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give wor or doles of s	ervice)	SOCIAL SECURITY NO.	1	ormant an Mayhu	sh	Hage		fress	T E	Ba	
Conditions, if on gove rise to in cause (a), stating t lying cause last.  PART II. OTHI  20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	he <u>under-</u> DUE TO	)	CONTRIBUTING TO DEAT	<u>'H</u> BUT N	OT RELATED TO 1	THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PA	RT 1(o) 1	PERFO	AUTOPSY PRMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED.	(Enter noture of	injury in f	Part I or Part	II of item 1B.)				
20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Ye	20d. II While of wor	Nat while		CE OF INJURY (Harry, street, affice			or tawn)	3 3	(Caunty)		(Stote)
21. I certify that saw the decease 220. SIGNATURE 220. PHYSICIAN'S NAME (Type)		6 ru	ded the deserved for the 19 for land to	hat de	ath accurred  D. ATTENDING PHYS.  22d. ADDRES	☐ ME		10 -26 the causes at			stoted	obave.  DATE SIGNED
23a. BURIAL, CREMATION	N, 23b. DATE THEREC	OF.	23c. NAME OF CEMET	ERY OR	CREMATORY	10/	23d. LOCAT	ION (City, town,	ar county)	200	(State	e)
REMOVAL (Specify)	10-29-61		Beautiful	l Vi	ew			te Line			Pa.	
24. FUNERAL DIRECTOR'S	en min	1	Guzaporess	Vd.		25a. REC'E	BY REGIST		ISTRAR'S S	10		

TO HOSPITAL VR A15 (4) 1SM 9/59



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY files. Health, Washington MARYLAND 'ennsulvania b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) Managnsville. 5 #0.

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? 514 E. Philadelphia St. State Main St. R# 4 Hagerstown YES NO X Middle DECEASED the (Type or print) Franklin McKinley DEATH Oct. 19 61 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. may 2 wiff lest birthdey) Months WIDOWED & DIVORCED [ Feb. 14, 1867 I in Item 18. Give Pages 1, 2, ong with form PM3. Page 5 10e. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Blacksmith Jolna, York Co. Penna.

14. MOTHER'S MAIDEN NAME File pages 13. FATHER'S NAME Moriah Orwig Doniel McKinley Office along with form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Hagerstown, Md. (Yes, no, or unkown) | (If yes give we ror detes of service) 199-07-7362 Mr. Harvey M. Miller 111 W. Washington St. 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Arteriosclerotic Heart Disease Recent Conditions, if eny, which Senility gave rise to immediate ceuse DUE TO Examiner's (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY Medical Ex should be u PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E PUNERAL DIRECTOR: Page 3 should be NO X 20e. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ) 20f. (City or town) (County) (Stete) Not While fectory, street, office bldg., etc.) et work | et work | 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: / Natural causes Undetermined manner Accident Suicide Homicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S 10-28-61 NAME (Type) Dr. E. W. Ditto, Jr. Addr. 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 6 Burial Mt. Olivet Cemetery Stewartstown, York Co. 1
240. REC'D BY REGISTRAR'S SIGNATURE Penna-23. FUNERAL DIRECTOR VS. A15ME Rest Haven Funeral Chapel Hagerstown, Md. DATE OCT 3 0 '61 5M 7/59 Wru a, Storot

MARYLAND STATE DEPARTMENT OF HEALTH

So Asias Tree The course of th (\* 15 mars 20 All street and a street of the street and a The thirty princed throat a story be. I so will be read to the

222 Charles Charles

VR A15 (4) 15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1 056 11056

M			1 -46. 07 8 1 1					
	1. PLACE OF DEATH 6. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If e. STATE Maryland b. COUN	institution: Residence before edmission)					
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  Hagerstown  5 month	e. CITY OR TOWN (If outside corporate limits, write Maugansville	e RURAL end give nearest town)					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Western Maryland State Hospital	od. STREET ADDRESS North Street	a. IS RESIDENCE ON A FARM? YES NO X					
E	3. NAME OF DECEASED (Type or print) W/LL/AH EDWARD	MET2  4. DATE OF DEATH OCT.						
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     B		Months Days Hours Min.					
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Labor  Farm	Y 11. BIRTHPLACE (County & Stele, or foreign country)  Bownsville Md.	U.S.A					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Christian Metz	Prudence (Unknown						
		Mrs. Gladys Metz	t. Maugansville Maryland					
	1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause last.	1131715	INTERVAL BETWEEN ONSET AND DEATH TO DOUGH					
	200. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN BUT THE PROPERTY OF THE PROPERTY OF THE PORT OF PORT II OF I I I OF I	PERFORMED?					
		CE OF INJURY (Home, farm, 20f. (City or town) ory, street, office bldg., etc.)	(County) (State)					
	21. I certify that (I) (this transial) attended the deceased from 3-29-, 1961, to 10-6-, 1961, that (I) (saw the deceased alive on 10-6-, 1961, and that death occurred at 5.8M, from the causes and on the date stated ab							
1		ATTENDING MED. STAFF	22b. DATE SIGNED					
	22c. PHYSICIAN'S NAME (Type) ANTONIO U. PALLACROST	1500 Pa Ave Høge	ustown MD.					
	Burial Oct. 8-61 Bakersville	Cemetery Bakersville	202					
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS  SIGNATURE  (1) (Vicine Pho) II		GISTRAR'S SIGNATURE					

ejli

diel religing

Toded

nother Mack

S month designaville

Western Fredland State Hospital | | North Street Master

WILLIAM EDWARD METZ CET C

May 30 1884 97 4 4

northingal was been been were

212 14 6397 Mrs. Windys Metz W. St. Hangangwille

12-6- 61 -3-54- 54- 12 -3-51

MATERIA SHERE 1500 1500 to the Hayer feel 122

Burial Cot. Such Remembrille Cemetery Halkersville Md.

TO HOTEL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death eyes 4 may be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and composite, he din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Vages I and 2-should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

R 8.6

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1107: CERTIFICATE OF DEATH 11957 11971

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before edmission)							
e. COUNTY	e. STATE Maryland b. COUNTY Washington							
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STA								
write RURAL end give neerest town)								
Hagerstown Life	03 Hagerstown							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street adde	ross) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?							
Washington County Hospital	1 473 N. Potomac Street YES NO X							
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Yeer OF							
(Type or print) MATHIAS PETER	MOLLER, JR. DEATH October 20 19 61							
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIE	ED   8. DATE OF BIRTH   9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.							
Male White WIDOWED DIVORCE	May 8, 1902 Sy yrs. Months Deys Hours Min.							
done during most of working life, even if retired   10b. KIND OF BUSINESS OF Pipe Organ	R INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
President Manufacture	Hagerstown, Maryland U.S.A.							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Mathias P. Moller, Sr.	Julia M. Greenlund							
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY N	O. 17. INFORMANT Address							
(Yes, no, or unkown) (Ifyesgivewerordatesofservice)	Mrs. Hilda Moller Hagerstown, Md.							
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (								
DIOTA DELTA WAS CAUSED BY	ONSET AND DEATH							
IMMEDIATE CAUSE (0) Ventricu	vier fibrillation imint							
4/6 X DUE TO								
Conditions, if eny, which ) (b) Rheum ?	etic Heart Disease 39 yrs							
geve rise to immediate cause DUE TO								
(e), steting the underlying couse lest.								
(0)	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY							
OF A	PERFORMED? YES TO NO X							
5 Arterioscleratic A	5 CL ( D 17 66/6 .							
OR CONTRIBUTING CAUSE OF DEATH	OCCURED. (Enter neture of injury in Part I or Pert II of item 18.)							
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED While Not While work et work et work	20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)							
Hour a.m. While Not While et work et work	ibeloty, ander, other breast, other							
21. I certify that (I) (this hospital), attended the deceased from								
	saw the deceased alive on							
22e. SIGNATURE	22b. DATE							
	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. CC+2/-6							
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. CCT-21-6							
NAME (Tube) / / / / / / / / / / / / / / / / / / /	2/11 N. D. +							
Lloyd A MOFF me	- 12/4 11 00 comec st Hegerstoun, Ma							
REMOVAL (Specify)	EMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stele)							
Burial 10/23/1961 Rose Hi	11 Cemetery Hagerstown, Maryland							
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
Suter - Rouzer Funeral Home Hagerst	own, Md. DATE OCT 26'61 arthur S. Krus							
1 Ki Hanklin Teryla								

as and in the

nedinini.

r cd r

iralia :

52 AT 1

Distingent ground not till a

THE RUIT

edir edia

und sog n cture

rtis . o r, r.

בהן בר יו ברוליותר

Receimbown

J 35 000000 . 674

rooto

ice, moderness solles coffit, ach

POLICE, JE.

May 8, 1902

A STATE OF THE PARTY OF THE PAR

SETTLE STREET AND ADDRESS OF A STREET AS A

HAPFINED - 20 9 N FOTO HTE LESS TO A

10/23/ sil one ill metery service to ing

no the tribel

ntr - out maril oo in revon.

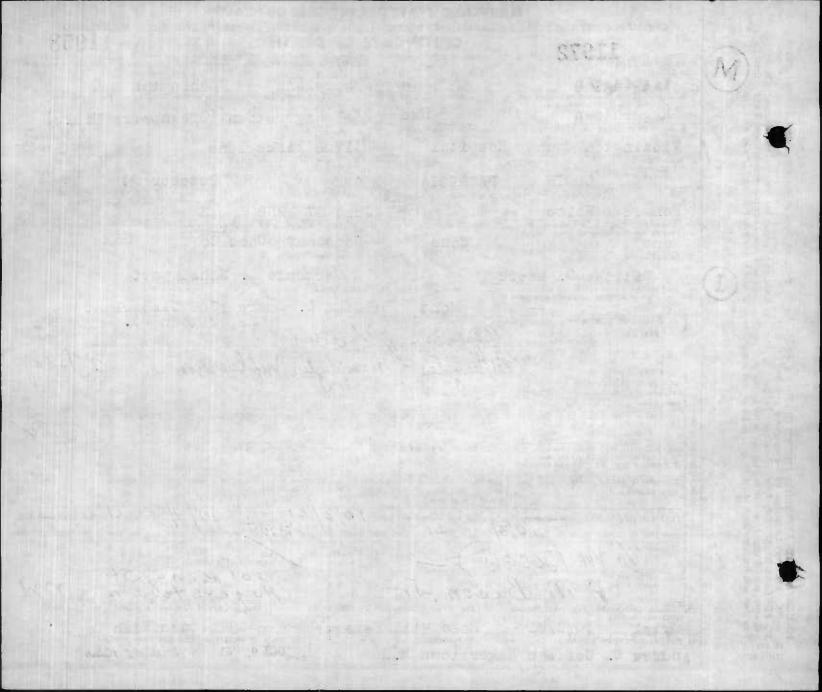
### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

11958

	44016							
	1. PLACE OF DEATH a. COUNIY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)						
7	Washington Maryland	a. STATE Larviend Washington						
4	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)						
ĸ,	write RURAL and give neerest town)							
	Hagerstown 8 Hrs	Hagerstown (Greenberry Hills)						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?						
1	Washington County Hospital	1728 Timberlane YES NO XX						
-	3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Year OF						
	(Type or crist)	OORE DEATH October 4 1961						
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	DATE OF BIRTH 9. AGE (In years   IF UN R 1 YEAR   IF UNDER 24 HRS.						
	77 - 7 - 1971-2 4 -	June 27 1958   last birthdey)   Months   Deys   Hours   Min.						
H	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (County & State policy country)   12. CITIZEN OF WHAT COUNTRY?						
	done during most of working life, even if retired)  None  None	Coos Bay Coos Co USA						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
1	William G. Moore	Gertrude S. Scheuppert						
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1	NFORMANT Address						
	(Yes, no, or unkown) (Ifyesgivewerordetesofsarvice) None	lliam G. Moore 1728 Timberlane						
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]	Hagerstown Id. INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (6)  ONSET AND DEATH  ONSET AND DEATH							
	Conditions, if any, which ) Menergite's - Hemophylis Influence 2 12 days							
	geve rise to immediata cause							
	(a), steting the underlying DUE TO							
	ceusa last. (c)							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?						
А		YES NO W						
) -	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  206. ACCIDENT WAS UNDERLYING  CONCONTRIBUTING CAUSE OF DEATH OUT EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Pert I or Pert II of item 18.)						
		CE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State)						
	Hour a.m. While Not While fect	ory, street, office bldg., etc.)						
	p.m. 19 at work et work	12/2/6/ 12/1/11						
	21. I certify that (I) (this hapital) attended the deceased from							
1		death occured 71						
	22e. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED						
		.D. PHYS. DIRECTOR PHYS.						
	22c. PHYSICIAN'S NAME (Type) A M BOARN IT.	22d. ADDRESS 10/Ring of.						
	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY   23d OCATION (City, town or county) (State)						
	REMOVAL (Specify)	enetery Hagerstown Wash Co Md.						
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE						
1	Andrew K. Coffman Hagerstown M.d	DATE OCT 9 '61 arthur S. Kraus						
		10.00						



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1973) CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE b. COUNTY						
Washington MARYLAND	Maryland Washington						
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)						
Hagerstown 70 years	03 Hagerstown						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE						
Washington County Hospital	1311 Virginia Ava. YES NO						
3. NAME OF First Middle	1311 Virginia Ave. YES NO L						
DECEASED (Type or print) Lily Irene Morin	OF DEATH October 22 19 61						
	B. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.						
77 7 7.79	October 1, 1883 78 yrs. Months Days Hours Min.						
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST	RY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?						
done during most of working life, even if retired)  House Wife  Own Home	Franklin County. Pa.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Jacob L. Eckstine	7711 - 77 C4- 4						
	Eliza V. Startzman						
(Yes, no, or unkown)   (Ifyesgive war or dates of service)	INIONNANI Address						
	s. Norma M. Foltz Hag. Rt. 3						
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: IMPOSEULERIC VASCULAR accusion 34 kms							
450 D PUETO 0 - 0							
	4-6 cusas						
geve rise to Immediate cause	1 · o feed						
(a), steting the underlying DUE TO							
couse lest. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 7 NO 1						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTION TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTION TO DEATH BUT NO CONTRIB	D. (Enter neture of injury in Pert I or Pert II of item 18.)						
	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)						
	thory, street, office bldg., etc.)						
p.m. 19 et work et work							
21. I certify that (I) (this hospital) attended the deceased from.	10/11, 1961, to 10/22, 1961, that (I) (No) last						
saw the deceased alive on 10/22 1961, and that	t death occured a						
220 SIGNATURE	ATTENDING MED. STAFF SIGNED						
	A.D. PHYS. DIRECTOR PHYS. 10/23/6						
22c. PHYSIC (N'S NAMB (Type)	22d. ADDRESS / 36 W. Washington St.						
George Jennings	Hogerstown Mot.						
238. BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMACTORY 23d. LOCATION (City, town or county) (State)						
REMOVAL (Specify)	Gamatany Hagerstown, Md.						
Burial 10-24-61 Rose Hill 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
	OCT 2 4 '61   Class & House						
Scott F. Minnich & Son Hagerstow	n, Md DATE OLI 24 01 Circum 2. Thank						

work athirty fitte and the state of the lotte aver

Pr gher . Douedouson

House alls com Lone Franklin Cauch, it.

Jacob L. Bekstine and terms of the beautiful and the beautiful and

81.18 . 101 - 24403 . . 401 W. . 216 ---

to a share the line of

ELECTED TO THE PERSON OF THE P

The second secon

. in the contract to the property of the contract to the contr

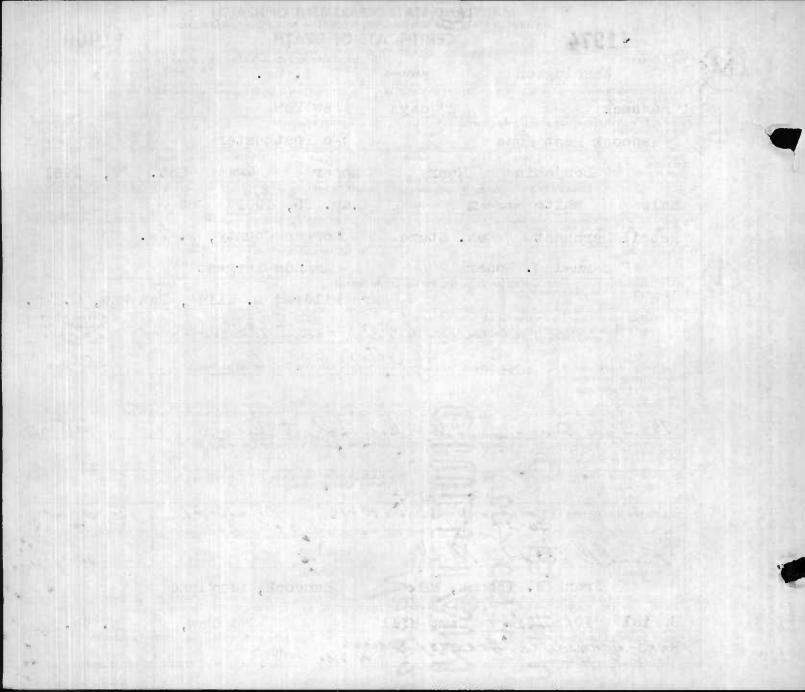
Scott F. Minnich & Son Gagerstown, Md. and Coll Call Control of the

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11960

11974	CERTIFICA	TE OF DEATH		11960	
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where		tion: Residence befare admission)  Y Morgan	
b. CITY OR TOWN (If outside corporate limits, v RURAL and give nearest tawn) Hancock	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs Paw Paw	ide corporate limits, write	RURAL and give nearest town)	
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION Hancock Rest Hol		d. STREET ADDRESS  c/o Postma	aster	S S S S S S S S S S S S S S S S S S S	
3. NAME OF First DECEASED (Type or print) Benjamin	Middle Henry	Moser	OF DEATH OC		
	MARRIED NEVER MARRIED DIVORCED DIVORCED	A OF #1	967/ 9. AGE (In years last birthday) 82 yrs		
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retail Merchant  13. FATHER'S NAME	10b. KIND OF BUSINESS OR INDU Gen. Store	Morgan C	ountry, w.	Va USA	
Samuel D. 1		Amanda	Largent		
(Yes, no, or unknown)  (If yes, give war or dates of service)	(9)	Mrs Mildred		<sup>dress</sup> Paw Paw, W. Va.	
☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	Jeneralyed  IONS CONTRIBUTING TO DEATH BUT  B. DESCRIBE HOW INJURY OCCURRE	leight.	lung.	IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO	
20c. TIME OF INJURY Menth, Day, Year Hour o. m.		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City ar tawn)	(County) (State	
21. I certify that (1) (this haspital) attended the deceased fram 10-10 1961, ta 10-27 1961, that (1) saw the deceased alive an 10-27 1961, and that death accurred a 55M, fram the causes and an the date state 22a. SIGNATURE  ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS.					
	Thomas, MD.		, Maryland	*	
230. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) IO/30/61	23c. NAME OF CEMETERY C	DR CREMATORY 2	Paw Paw,	W. Va.	
24. FUNERAL DIRECTOR'S SIGNATURE PARKS - JOHNSON CO.	BERKELEY SPR	PINGS 25a. REC'D DATE NOV	BY REGISTRAR 2Sb. REG	GISTRAR'S SIGNATURE	



# nd completely tweed in by the funeral roam papers. Pages 1 and 2 should within 72 hours after death. in 24 hours after TO HOSPIN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. Page may be retained by the hospital or attending physician. S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. S in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. S in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11975 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Res	
WASHINGTON MARYLAND	O. STATE MARYLAND b. COUNTY WAS	HINGTON
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and s	
Write RURAL and give nearest town) HAGERSTOWN 14 MUNTHS	03 HAGERSTOWN	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	a. IS RESIDENCE
WESTERN MARYLAND STATE HOS.	662 OAK RIDGE DRIVE	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Dey Yeer
(Type or print) Charles Scott No	aill DEATH Otober	R10,1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In yeers IF UNDER 1 YI	
	MAY 12, 1878 83 yrs. Months De	ys   mais   min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  RETIRED FARMER	A second to the Paris of the Pa	S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
HENRY CLAY NAILL	CATHERINE I, WEEKLI	FY
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address	
	URS. DAISY M. AMILL HALER	STOWN, MO.
1B. CAUSE OF DEATH [Enter only one ceuse per lina for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COULTE CORONIER	y accelsion	10 minus
420.0 DUE TO		
Conditions, if eny, which \ (b) A arterioscle	rotic Heart Disease	unknown
gave rise to immediate cause		
(a), stering the underlying (	La Rerioscierosis	11
		(a)1 19. WAS AUTOPSY
Benign Prostatic hypertrophy		PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  DE 100. ACCIDENT WAS UNDERLYING 100. DESCRIBE HOW INJURY OCCURE  OR CONTRIBUTING 100 CAUSE OF DEATH  OF CHIEFTER, NOTIFY MEDICAL EXAMINER)	ED. (Enter neture of injury In Pert I or Pert II of item 18.)	
	ACE OF INJURY (Home, ferm, 20f. (City or town) (County ctory, streat, office bldg., etc.)	y) (State)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on October 1961, and that		
22e. SIGNATURE	ATTENDING MED STAFF	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) VICTOR L. Rames, 1	22d. ADDRESS Western melistate 1	
230. BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or county)	(Stata)
REMOVAL (Specify) 10/12/61 MT.OLIVE CI	HURCH CEM. TOWN CREEK	MO.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	
R. Franklin Porger HACERSTON.	N A D DATE OCT 13 '61 Orthur S. +	Eraus.

金元をおり Manager and Spring A Alexander Committee of the Committee AND AND THE REST OF THE PARTY O AARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY shington MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and give nearest town) Funkstown unkstown VIS. STREET ADDRESS . IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? Fredrick Street YES NO Street 3. NAME OF 4. DATE Year Middle DECEASED DEATH (Type or print) NALLEY October 19 67 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED THEYER MARRIED B. DATE OF BIRTH last birthday) December Female WIDOWED [ 10a. USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Own Hone Funkstown, Wash. Co. Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Frank R.Brewer Minnie O. Stouffer 1 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Funkstown, keryl nd. (Yes, no, or unkown) | (If yes give war or dates of service) None Fredrick Charles INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Thrombosis Sudden IMMEDIATE CAUSE (a) death. DUE TO Atherosclerotic Heart Disease. gave rise to immadiata cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO T None. 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ) (County) 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work July 59 to Aug. 21. I certify that (I) (this hospital) attended the deceased from.... 1961 and that death occurred and on the date stated above. saw the deceased alive on 22b. DATE

22a. SIGNATURE 22c. PHYSICIAN'S

23a. BURIAL, CREMATION, | 23b. DATE THEREOF

Andrew K. Coffman.

R.A.Bell. M.D.

PHYS. 22d. ADDRESS

Cenetery

PHYS.

SIGNED

Hagerstown, Maryland. 23d. LOCATION (City, town or county)

24 FUNERAL DIRECTOR'S SIGNATURE

NAME (Type)

REMOVAL (Specify)

**ADDRESS** Harerstown

23c. NAME OF CEMETERY OR CREMATORY

OCT 9

DIRECTOR

258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE Chilling & Krous

15M 9/60

death. Page ? ector, page With S Gig 3 VR A15 (4)

funeral

the d 2

þ

completely

and

physician

attending pt Then please i

the

been signed

certificate

may be retaine DIRECTOR: / 3 should be det

OR

for

burial-transit

physic

Then

remove

.= -

and

The atam Dillittle Letter and Strategic and Land. A should be

## MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF THE DEPARTMENT OF T 11977

Colty or town (if coulises compensed infile), write RURAL and give nearest lown)   Life   Last 1 or the Town of Colty or ROWN III could be compensed limith, write RURAL and give nearest lown)   Life   Last 1 or the RURAL and give nearest lown)   Life   Last 1 or the RURAL and give nearest lown)   Life   Last 1 or the RURAL and give nearest lown)   Life   Last 1 or the RURAL and give nearest lown)   Life   Last 1 or the RURAL and give nearest lown)   Life   Last 1 or the RURAL and give nearest lown)   Life   Last 1 or the RURAL and give nearest lown)   Life   Last 1 or the RURAL and give nearest lown)   Life   Last 1 or the RURAL and give nearest lown)   Life   Last 1 or the RURAL and give nearest lown)   Life   Last 1 or the RURAL and give nearest lown)   Last 2 or the RURA	1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare deceased lived, If institution: Rasidence before edmissi						
win RUBAL and give nearest lower)  Magerstown  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospite), give street address)  d. STREET ADDRESS  2200 Rowland Ave.  PATE  Month  Charles  Albert  Palmer  DEATH  October  No.  1961  1961  S. SEX  A. C.OLOR RACE (7, MARRIED Merch  Palmer  DEATH  October  Dev Year  1961  1961  S. SEX  A. C.OLOR RACE (7, MARRIED Never Markied Never Married Never Mar	a. COUNTY Washington MARYLAND							
d. NAME OF HOSPITAL O'R INSTITUTION (If not in hospital), give treat address)  3. NAME OF HOSPITAL O'R INSTITUTION (If not in hospital), give treat address)  3. NAME OF HOSPITAL O'R INSTITUTION (If not in hospital), give treat address)  3. NAME OF HOSPITAL O'R INSTITUTION (If not in hospital), give treat address)  3. NAME OF HOSPITAL O'R INSTITUTION (If not in hospital), give treat address)  4. DATE Month Day Year DECEMBER  DECEMBER	b. CITY OR TOWN (if outside corporete limits,	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)						
d. NAME OF HOSPITAL OR INSTITUTION (if hos in hospital, give street address)  2200 Rowland Aue.  3. NAME OF HOSPITAL OR INSTITUTION (if hos in hospital, give street address)  3. NAME OF DECEMBED  Charles  Albert  Palmer  Charles  Albert  Palmer  Charles  Albert  Palmer  October  1961  9. AGE (in years in It under 1 year)  1961  1961  9. AGE (in years in It under 1 year)  1961		Hagerstown						
3. NAME OF DECRASED (Type opin)  S. SEX    Male   White   Whote   Name   Non-No   N	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDEN						
DECERSED (Type or print)  S. SEX  O. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH  Male  White  Whose 19. AGE (in year) If UNDER 1 YEAR IF UNDER 2 HAS.  Months 19. AGE (in year) If UNDER 1 YEAR IF UNDER 2 HAS.  Months 19. AGE (in year) If UNDER 1 YEAR IF UNDER 2 HAS.  Months 19. AGE (in year) If UNDER 1 YEAR IF UNDER 2 HAS.  Months 19. AGE (in year) If UNDER 1 YEAR IF UNDER 2 HAS.  Months 19. AGE (in year) If UNDER 1 YEAR IF UNDER 2 HAS.  Months 19. AGE (in year) If Under 1 Year If	The state of the s	2200 Rowland Ave. YES NO						
S. SEX    Ace (In very let UNDER 17 KAR IN UNDER 27 HIS.   Ace (In very let UNDER 17 KAR IN UNDER 27 HIS.   Ace (In very let UNDER 17 KAR IN UNDER 27 HIS.   Ace (In very let UNDER 17 KAR IN UNDER 27 HIS.   Ace (In very let UNDER 17 KAR IN UNDER 27 HIS.   Ace (In very let UNDER 17 KAR IN UNDER 27 HIS.   Ace (In very let UNDER 17 KAR IN UNDER 27 HIS.   Ace (In very let UNDER 17 KAR IN UNDER 27 HIS.   Ace (In very let UNDER 17 KAR IN UNDER 27 HIS.   Ace (In very let UNDER 17 KAR IN UNDER 27 HIS.   Ace (In very let UNDER 17 KAR IN UNDER 27 HIS.   Ace (In very let UNDER 17 KAR IN UNDER 17	DECERCED	n OF						
Male White whomes Divorces Divorces August 22,1886  The Usual Occurrence of the Secretary o		7 0000000						
Male White who were by whome of water to continuous and the country of the control of the contro	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	lest birthdey) Months   Dave   House   Mie						
13. FATHER'S NAME	1,000	Hugust 22, 1880   75 yrs.						
Salesman   Nousehold appliances   Washington Co.Md.   USA	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNT						
13. FATHER'S NAME  David Palmer  15. WAS DECEASED EYER IN U.S. ARMED FORCES?  (16. No. of unknown) (If yes give were redefected service)  214-09-1365  A.C.Palmer 1216 Glenwood Ave. Hagerstown, Md.  18. CAUSE OF DEATH (Enter only one couse par line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY:  COTONARY Thrombosis  Due to  Conditions. If any, which geve rise to immediate cause (e), stelling the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES IN NO PROPERTY NOTE:  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES IN NO PROPERTY NOTE:  20e. ACCIDENT WAS UNDERLYING DEATH II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES IN NO PROPERTY NOTE:  120e. ACCIDENT WAS UNDERLYING DEATH II. OTHER CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES IN NO PROPERTY NOTE:  120e. ACCIDENT WAS UNDERLYING DEATH II. OTHER TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES IN NO PROPERTY NOTE:  120e. ACCIDENT WAS UNDERLYING DEATH III. OTHER TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES IN NO PROPERTY NOTE:  120e. ACCIDENT WAS UNDERLYING DEATH III. OTHER TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES IN NO PROPERTY OF PART III. OTHER TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES IN NO PROPERTY OF PART III. OTHER TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES IN NO PROPERTY OF PART III. OTHER TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES IN NOTE TO PART III. OTHER TORDING METERS.  10. CONTRIBUTION GIVEN III. OTHER TERMINAL DI	Salesman Household applian	ces Washington Co. Md. USA						
15. WAS DECEASED VERK IN U.S. ARMED FORCES? (Text, no. or other work) (Ifves, no. or other work) (Ifve	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
18. WAS DECEASED EVER IN U.S. ARMED FORCES? ("Yes, no, or unknown) (lifvespive were orderes of services of the country of the	David Palmer	Molly Jacobs						
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]   18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]   19. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)		INFORMANT Address						
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geve rise to immediate cause (e), stelling that underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  19. WAS AUTOPSY PREFORMED.  YES NO PREFORMED.  YES NO PREFORMED.  YES NO PROPER II.e.  19. WAS AUTOPSY PREFORMED.  YES NO PREFORMED.  YES NO PREFORMED.  YES NO PROPER II.e.  19. WAS AUTOPSY PREFORMED.  YES NO PROPER II.e.  19. WAS AUTOPSY PREFORMED.  YES NO PREFORMED.  YES NO PROPER II.e.  19. WAS AUTOPSY PREFORMED.  YES NO PREFORMED.  YES NO PREFORMED.  YES NO PROPER II.e.  19. WAS AUTOPSY PREFORMED.  YES NO PREFORMED.  YES NO PROPER II.e.  19. WAS AUTOPSY PREFORMED.  YES NO PREFORMED.  YES NO PROPER II.E.  YES N		Palmer 1216 Glenwood Aven Hagerstown Md						
PART I. DEATH WAS CAUSE DEST.  IMMEDIATE CAUSE (December 2)  Due to  Conditions, if any, which gove rise to immediate cause (e), stelling that underlying cause last.  Due to  Conditions, if any, which gove rise to immediate cause (e), stelling that underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NOTE:  NOTE:  20e. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING COUNTRIBUTING COUNTRIBUTING CAUSE OF DEATH ILE ITHER, NOTITY MEDICAL EXAMINER;  10		I INTERVAL BETWEEN						
DUE TO Conditions, it any, which gover is a to immediate couse (e), stelling the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(e)  PART III. OTHER SIGNIFICANT (E)  PART III								
Conditions, if any, which gover its to immediate ceuse (e), stering the underlying cause last.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION OF COUNTY OF COUNT	11701							
OP STAFF  20. SIGNATURE  22. SIGNATURE  23. BURIAL, CREMATION  23. RECTO BY REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR'S SIGNATURE  26. Contined of injury  27. Due to cause last.  (e)  DUE TO cause last.  (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  19. WAS AUTOPPY PERFORMED?  PERFORMED.  PERFORMED.  PERFORMED.  PERFORMED.  PORT III of item 18.)  (County)  (Stete)  PORT III of item 18.)  (County)  (Stete)  PORT III of item 18.)  PERFORMED?  PERFORMED.  PERFOR								
[e), sleting tha underlying causa last.  [c]  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT (CITY OF THE II.)  PART II. OTHER SIGNIFICANT (CITY OF THE II.)  PART III. OTHER SIGNIFICANT (CITY OF THE II.)  PART III. OTHER SIGNIFICANT (CITY OF THE III.)  PART III. OTHER SIGNIFICANT (CIT	geve risa to immediate cause	erioscierosis.						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  19. WAS AUTOPSY PERFORMED?  NOTE  20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)  20c. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)  20c. TIME OF INJURY MEDICAL EXAMINER)  20c. TIME OF INJURY MEDICAL EXAMINER  10	(e), steting the underlying DUE TO							
None.    PERFORMED?   PERFORMED.   PERFORMED		OT DELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN BADY 1/41 10 WAS ALITOD						
20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. While at work a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS A PERFO							
20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. While at work 19 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (Cliy or town) (Stele)  21. I certify that (I) (this hospital) Hended the decessed from Sudden death, to Oct. 1, 1961, that (I) (we) lass saw the deceased alive on AUS. 1961, and that death occured at 8M, from the causes and on the date stated above 22e. SIGNATURE  22c. PHYSICIAN'S NAME (Type) B. A. Bell, M.D.  23a. BURIAL, CREMATION, 23b. DATE THEREOF PHYS. 22c. NAME OF CEMETERY OR CREMATORY PHYS. 10/2/61  23a. BURIAL, CREMATION, 23b. DATE THEREOF PHYS. 23c. NAME OF CEMETERY OR CREMATORY PHYS. 23d. LOCATION (City, town or county) (Stele)  23a. BURIAL, CREMATION, 23b. DATE THEREOF PHYS. 23c. NAME OF CEMETERY OR CREMATORY PHYS. 23d. LOCATION (City, town or county) Md.  23a. BURIAL, CREMATION, 23b. DATE THEREOF PHYS. 23c. NAME OF CEMETERY OR CREMATORY PHYS. 23d. LOCATION (City, town or county) Md.  23a. BURIAL, CREMATION, 23b. DATE THEREOF PHYS. 23c. NAME OF CEMETERY OR CREMATORY PHYS. 23d. LOCATION (City, town or county) Adaption of County Phys. 25a. REC'D BY REGISTRAR'S SIGNATURE Phys. 25b. REGIST	None.							
21. I certify that (I) (this hospital) itlended the deceased from Sudden death, to Oct. 1, 1961, that (I) (we) las saw the deceased alive on AUS. 7, 1961, and that death occured at 8M, from the causes and on the date stated above 22e. SIGNATURE  ATTENDING MED. STAFF PHYS. 10/2/61  22c. PHYSICIAN'S NAME (Type) B. A. Bell, M.D.  ATTENDING MED. STAFF PHYS. 10/2/61  22d. ADDRESS  Hagerstown, Maryland.  23d. LOCATION (City, town or county) (Stete)  REMOVAL (Specify) 10/3/61 Rest Haven Cemetery Hagerstown  ADDRESS  Rest Haven Genetary Location (City, town or county) Md.  24 FUNERAL DIRECTOR'S SIGNATURE  Rest Haven Genetary Location (City, town or county) Md.  ADDRESS  Hagerstown, Md.  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  Hagerstown, Md.  ADDRESS  Hagerstown, Md.	20e. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	). (Enter neture of injury in Pert I or Pert II of item 18.)						
21. I certify that (I) (this hospital) itlended the deceased from Sudden death, to Oct. 1., 1961, that (I) (we) las saw the deceased alive on AUS. 7. 1961, and that death occured at 8M, from the causes and on the date stated above 22e. SIGNATURE  ATTENDING MED. STAFF PHYS. 10/2/61  22c. PHYSICIAN'S NAME (Type) R. A. Bell, M.D.  ATTENDING MED. STAFF PHYS. 10/2/61  22d. ADDRESS  Hagerstown, Maryland.  23d. LOCATION (City, town or county) (Stele)  REMOVAL (Specify) 10/3/61 Rest Haven Cemetery Hagerstown  ADDRESS  Rest Haven Genetary Location (City, town or county) Md.  24 FUNERAL DIRECTOR'S SIGNATURE  Rest Haven Genetary Location (City, town or county) Md.  ADDRESS  Hagerstown, Md.  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  Hagerstown, Md.  ADDRESS  Hagerstown, Md.	20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. PL							
21. I certify that (I) (this hospital) ittended the deceased from Sudden death, to Oct. I., 1961, that (I) (we) lass aw the deceased alive on Aus. 7, 1961, and that death occured at 8M, from the causes and on the date stated above 22e. SIGNATURE  ATTENDING MED. STAFF PHYS.   10/2/61  22d. ADDRESS   DATE THEREOF   22d. ADDRESS   23d. LOCATION (City, town or county)   (Stele)   23d. LOCATION (City, town or county)   (Stele)   23d. Feet Haven Cemetery   23d. LOCATION (City, town or county)   Md.   24 FUNERAL DIRECTOR'S SIGNATURE   ADDRESS   25a. REC'D BY REGISTRAR'S SIGNATURE   25b. REGISTRAR'S SIGNATURE   25b. ADDRESS   25b. AD	Hour e.m. While Not While tac	fory, street, office bidg., etc.)						
saw the deceased alive on AUS		Sudden death to Oct. 1, 1061 that (1) (wa)						
226. SIGNATURE  226. SIGNATURE  ATTENDING MED. STAFF 10/2/61  226. PHYSICIAN'S R. A. Bell, M.D.  226. PHYSICIAN'S NAME (Type) R. A. Bell, M.D.  227. PHYSICIAN'S MED. STAFF 10/2/61  228. BURIAL, CREMATION, Maryland.  228. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) 10/3/61  238. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) 10/3/61  239. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) 10/3/61  230. LOCATION (City, town or county) (Stote) Hagerstown Md.  24 FUNERAL DIRECTOR'S SIGNATURE RESTRANT SIGNATURE HAGERSTOWN, Md.  25a. REC'D BY REGISTRANT SIGNATURE ADDRESS HAGERSTOWN, Md.  25b. REGISTRANT SIGNATURE ADDRESS HAGERSTOWN, Md.								
ATTENDING MED. STAFF PHYS. In 10/2/61 SIGNET IN								
22d. ADDRESS NAME (Type) B. A. Bell, M.D.  23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 10/3/61  23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 10/3/61  Rest Haven Cemetery Rest Haven Green By Registrar 25b. Registrar's Signature Rest Haven Green Hagerstown, Md.  22d. ADDRESS Hagerstown, Maryland.  23d. LOCATION (City, town or county)  Rest Haven Cemetery Hagerstown Md.  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Rest Haven Green Hagerstown, Md.  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Rest Haven Green Hagerstown, Md.		ATTENDING MED. STAFF						
NAME (Types R. A. Bell, M.D. Hagerstown, Maryland.  238. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 10/3/61  24 FUNERAL DIRECTOR'S SIGNATURE Rest Haven Cemetery Address Hagerstown, Md.  258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Hagerstown, Md.  258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Hagerstown, Md.  258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Hagerstown, Md.								
REMOVAL (Specify)  Burial  10/3/61  Rest Haven Cemetery  Address  Rest Haven Gemetery  Address  Rest Haven Gemetery  Address  Rest Haven Gemetery  Address								
24 FUNERAL DIRECTOR'S SIGNATURE Rest Haven Funeral Chapel Hagerstown, Md.   25B. REC'D BY REGISTRAR   25B. REGISTRAR'S SIGNATURE DATE OCT 3 '61 CILLING S. Thomas		OR CREMATORY 23d. LOCATION (City, town or county) (Stete)						
24 FUNERAL DIRECTOR'S SIGNATURE Rest Haven Funeral Chapel Hagerstown, Md.   25B. REC'D BY REGISTRAR   25B. REGISTRAR'S SIGNATURE DATE OCT 3 '61 CILLING S. Thomas	REMOVAL (Specify)	emetery Hagerstown Md.						
Rest Haven Funeral Chapel Hagerstown, Md. DATE OCT 3 '61 arilar & thous	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	2Sa, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE						
	Rest Haven Juneral Chapel Hagerstown.	Md. DATE OCT 3 '61 arily S. Kraus						
	Why G. Storok							

8 3 4 4 no strained and , State Leading of Control State ... CON Michael Mich with the state of the south of the state of THE CUI BIRLY TRAINING THE LIKE THE SELLING THE LIKE OF THE SELLING THE SELLIN Soleanon Someriald amiliares variageon Coud. 214-00-1365 A. Jelman 1716 Pierross (west maces about hid. is in Provide a Dialin beginning English death days and and THE RESERVE WERE SHOULD BE SHOULD BE SHOULD Christian County lies of the control 11/2/81 the factor of the fact AND THE PROPERTY OF THE PROPER Committee of the state of the s

within 24 hours after Ly filled in by the firs. Pages 1 and 2 s TO HO IAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 houses death. Fage 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complexity filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 24 hours after death, 0 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11978

CERTIFICATE OF DEATH 11964 11978

1. PLACE OF DEATH  •. COUNTY	2. USUAL RESIDENCE (Where decessed livad, If institution: Residence before admission)
Washington MARYLAND	o. STATE Larvland Washington
b. CITY OR TOWN (if outside corporale limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
write RURAL and give nearast town) Hagers town 3 weeks	1 ( ) TT
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	d. STREET ADDRESS . IS RESIDENCE
d. 147/16 Of 1103 HAE OK 1135110 HOT (II HOT III HOSPITAL, GIVE SITES ESCRIPTION	ON A FARM?
Washington County Hospital	1 1204 Virginia Ave YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer
(Type or print) EVERETT EDWIN P	RATT DEATH October 23 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	Feby 5 1917 (last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST	
done during most of working life, even if refired)  Clerk Peoples Drug Store	Erie Erie Co Pa USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edwin O.Pratt	Ruth Dorman
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(Yes, no, or unkown) (Ifyesgivewerordetecofservice)	s Pearl S. Pratt 1204 Virginia Ave
18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).)	Hagerstown d. Interval Between ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	Constitution of the consti
1/2	efer eleon
7201/ DUE TO	tery thrombesis ] 24 days
Conditions, if eny, which ) (b) Cocarary ar	ley Thrombesis
geve rise to immediate cause (e), stating the underlying DUE TO	
causa last. (c)	
The state of the s	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES A NO .
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  20b. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH UT (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, ferm, '20f. (City or town) (County) (State)
Hour s.m.	ctory, street, office bldg., atc.)
	6/22
21. I certify that (I) (this hospital) attended the deceased from	9/29 to 10/23 , 1941, that (I) (we) last
saw the deceased alive on 10/23 1961, and that	1961, to 10/23, 1961, that (I) (we) last death occured a. 3.M, from the causes and on the date stated above
Wa SIGNATURE	22b. DATE
Here Junings	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 10/24/60
22c. PHYSICIAN'S George Tennings	1 Lager Stown, Md .
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATOR 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) Burial 10/25/61 Rose will (	Cenetery Hagerstown Wash Cold.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Andrew K. Coffman Hagerstown Md.	DATE UCI 27'61 Cathur & K

es and My without in facilities. 10/13 10/12 10/24 10/23 21 Sharen shows there 136 St. W. W. C. W. C. P. La tore State and The State ... If a set of the latest of

ral; let	-
in it	V
hou the	_
d in best after of	1
Pag Pag ours	
letely spers. 72 ho	
comp comp comp	
and and carbo	
ificati sician nove ever	
physe rer	
death ding pleas and in	(
atter Then val, a	
s that an. y the mit. remo	
quire nysici ned b t per t per	
ng pl sign sign transi	
The latendi tendi been urial- urial-	
N: N: or al e has the b	
Spital spital tificat se as or to	(
HYS He ho is cer for us	
by the	
NDIN ined ined to Aff	
TTE B refa	
OR A LIRE Shoul State	
AL Day	
Page NER.	
TO HOSPI.  OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after a death. Page 7 may be retained by the hospital or attending physician.  S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely ded in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after deather.	
O O O O O	
15M 9/60	

DIVISION OF STATISTICAL RESEAR			N STREET, BALTIMOR	E 1, MARYL	AND
1. PLACE OF DEATH			CE (Whare daceasad livad, If in		bafore admission
a. COUNTY Washington	MARYLAND	a. STATE Mary	ь. count	Washin	gton
b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16		If outside corporate limits, writa I		
Hagerstown	50 years	60	Hagerstown		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp  36 Nottingham Road	ital, give street address)	A. STREET ADDRESS A230 Winter	Street		e. IS RESIDENCE ON A FARM YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey	Your
(Typa or print) ETHEL		ESGRAVES	DEATH October	13	1961
5. SEX   6. COLOR OR RACE   7. MARRIED	NEVER MARRIED   8	. DATE OF BIRTH	9. AGE (In years   I lest birthdey)		IF UNDER 24 HRS
Female White WIDOWED	DIVORCED T	ebruary 28,		Months Deys	Hours Min.
10a. USUAL OCCUPATION (Give kind of work dona during most of working lifa, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	nty & State, or foreign country)	12. CITIZEN OF	WHAT COUNTR
Housewife		Winchester	, Virginia	U.S.A	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	The Property	
William Fletcher		Alie	e Roe		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S (Yes, no, or unkown)   (Ifyesgivawerordelasofservice)	SOCIAL SECURITY NO. 17. 1	INFORMANT	Address		
no		. Morris Fle	tcher Hagersto	wn, Mary	
18. CAUSE OF DEATH [Enter only one cause per lit PART I. DEATH WAS CAUSED BY:	ne for (e), (b), and (c).]	•		QHS	RVAL BETWEEN
334 DUE TO	Danifle	que 10	7 . (1	/4	reent
Conditions, if eny, which geve rise to Immediate cause	not cert	un /lelo	ous flerere	-	- yes
(a), steting the underlying DUE TO	/				
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE		PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	. (Enter neture of injury In	Pert I or Pert    of item 18.)		
20c. TIME OF INJURY Month, Dey, Yeer 20d. II Hour a.m.  yhile at work	Not While fact	CE OF INJURY (Homa, far. tory, street, office bldg., etc		(County)	(Stata)
21. I certify that (I) (this hospital) attend	ded the deceased from	1-1	1800, to 10-12	196/ th	at (I) (we) la
	4		A.M. from the causes a		
22e. SIQNATURE					22b. DATE
De BB I went any	SULCITO N	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.		SIGN
22c. PHYSICIAN'S NAME (Type) THE WITH	17107	22d. ADDRESS	relien the	4	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	or county]	(Stata)
REMOVAL (Specify) Burial 10/15/1961	Rest Haven Ce	meterur	Hagerstown.	Ma	rvland
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. RE	C'D BY REGISTRAR 256. REG		-
Suter Rouger Funeral Hor	me Hagerstown,	Md. PACT	18'61 arilm	1 S. Kraus	
	8				

r-J.

- male

To by after the second

2 of 6 n n -0 od

82397 O

nut: = n

majecisank

Just striff ORS

こってき

21 19 1 6 2 1312

Minchestur, Vincinia

oc Boil

r. o in this real

以防在外人又1770日 SPEE 2011 大海 不到 Burial 10/15/1961 Hest Wan Gretery Franciscon, Harding

THE PERSON OF THE PARTY SEED OF THE PERSON O

oter - Jourse Funeral Fore Lagerstown, .d.

TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after so death. Page a hay be retained by the hospital or attending physician.

Yes a death. Page a hay be retained by the hospital or attending physician.

Yes a TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fixed in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11980 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Washington MARYLAND	a. STATE  Md.  Wash.		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Hagerstown  6 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  rural Hagerstown		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address)  Washington County Hospital	d. STREET ADDRESS  P.O.Box Route 3  o. IS RESIDENCE ON A FARM? YES NO X		
3. NAME OF DECEASED (Type or print) Catherine Geneva	Reid OF DEATH October 14, 19 61		
7. MARKED & MARKED	Sept. 7, 1886  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.		
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  housewife	Downsville, Md.		
James Whitney	N.F.N. Moore		
(Vas. no. or unknum)   (Ifvas give werordeter of convice)	ames A. Reid, Hagerstown, Md.		
Conditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED?  YES NO		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIB	D. (Entar natura of injury in Part I or Part II of itam 18.)		
	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) tory, streat, office bldg., afc.)		
21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive onOct	Jan, 1961, to Oct. 14,, 19.61 that (1) (we) last death ocials at P.M. from the causes and on the date stated above		
228. SIGNATURE SEU DULA N	ATTENDING MED. STAFF SIGNED PHYS. DATE SIGNED		
22c. PHYSICIAN'S NAME (Type) Dr. E. W. Ditto Jr.	22d. ADDRESS  Hagerstown, Md.  OR CREMATORY   23d. LOCATION (City, town or county) (State)		
23e. BURIAL, CREMATION, 23b. DATE THEREOF PREMOVAL (Specify) 10-17-61 rose hill	cemetery Hagerstown, Md.		
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE		

The state of the s

Mannes whitener

legale vilue

Wagnington County Horoltal

Mestalovii Udeya

rural Imagemented Larur

C edgon zol.0.4

Cabburtae Conova Neid Land October 18.

Sent. 7, 1885 ... 75

. M. . silvanyo.

100000

James A. Head, Sererstonn, 130.

Carolineas Of Sweet with letanisais to cream. 2 resort.

. ill . naclara al goddhaa Lild ason idayiadi faraya

Scott I. Minish & Son, Magarstown, Md. . . Cl. 1 . . .

notes and market of the de Course were the A March March St. H. Commence of the Commence of th Make the Military and the second to the seco X . district Course Course Westerston Course, S. Carle I. Works v , et al. 188 - 1997 For Authority Sear Transfer Marrier Will Transfer State Search The same of the sa 440181181044 The state of the second like the second of the second seco Committee of the second least there sings at Charact Man a court, id. College Go Volation

#### RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY by the and 2 death. Washington MARYLAND Maryland Allaganey c. CITY OR TOWN (If outside corporate limits, while RUNAL and give neerest lown) b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b write RURAL end give nearast town) Cumberland after .5~ Hagerstown Pages filled d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Western Md. State Hopsital 218 No Center NAME OF DATE Middle Month DECEASED OF (Type or print) DEATH carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR lest birthdey) and Months Deys WIDOWED T Dec 1884 DIVORCED 76yrs. Male event. 106. KIND OF BUSINESS OR INDUSTRY 1Da. USUAL OCCUPATION (Giva kind of work physician 12. CITIZEN OF WHAT COUNTRY? remove or forman country) done during most of working life, even if retired) Chief Clerk W. M. R. R. USA Retiréd Kabletown Jefferson Co 13. FATHER'S NAME MOTHER'S MAIDEN NAME ease 5 aftending pleand John J. Ridgway Nannie E. Jackson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Then removal, (Yes, no, or unkown) | (Ifyes giva war or dates of service) physician. 705-10-5664 Mrs Coy Dyer 1311 Michigan Ave permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). Cumberland Md. INTERVAL BETWEEN signed by ONSET AND DEATH IMMEDIATE CAUSE (e) PUL MONARY EMBOLISIY burial-transit DUE TO BARTERIOSCLEROTIC MEART DISEASE has been geva rise to immediate ceuse DUE TO (a), steting the underlying 6 GENERALIZED ARTERIOSCLEROSIS burial. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL certificate as 0 PNEUMONIA - BENICH NEPMAOSLEROSIS use 2De. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH 2 detached for (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 1 201. (City or lown) (County) factory, streat, offica bldg., etc.) While Not While et work et work p.m 21. I certify that (!) (this hospital) attended the deceased from...

e. IS RESIDENCE ON A FARM?

YES NO

Yeer

19

Hours

IF UNDER 24 HRS.

PERFORMED?

NO F

(Stete)

22b. DATE

M. from the causes and on the date stated above.

hospital may be retained by the DIRECTOR: After this plnods FUNERAL 후 역 0 15M 9/60

saw the deceased alive on...

George Funeral Home Cumberland Md.

220. SIGNATURE

that the death

ATTENDING MED. SIGNED Mulou DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Steta) REMOVAL (Specify) Cumberland Alleganey Co Green Mount Cemeterv ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE NOV 3 arthur S. Kraus

, and that death coccured at.

VR A15 (4)

awatszegats

195 tegos to a St.ba ntotas

Specification of the second

TARREST OF THE SECOND

Under the Land State of the La

Cartalle . D. Miller

Dept 5 med

ANTENIES CLESTEN WERKE IS SET WAS

CONTRACTOR SERVICE SERVICE NEW TORSE

wen worth prefered to the state of the state

Ceorge Puneral Home Concerland Md.

CONTRACTOR VALVENIES

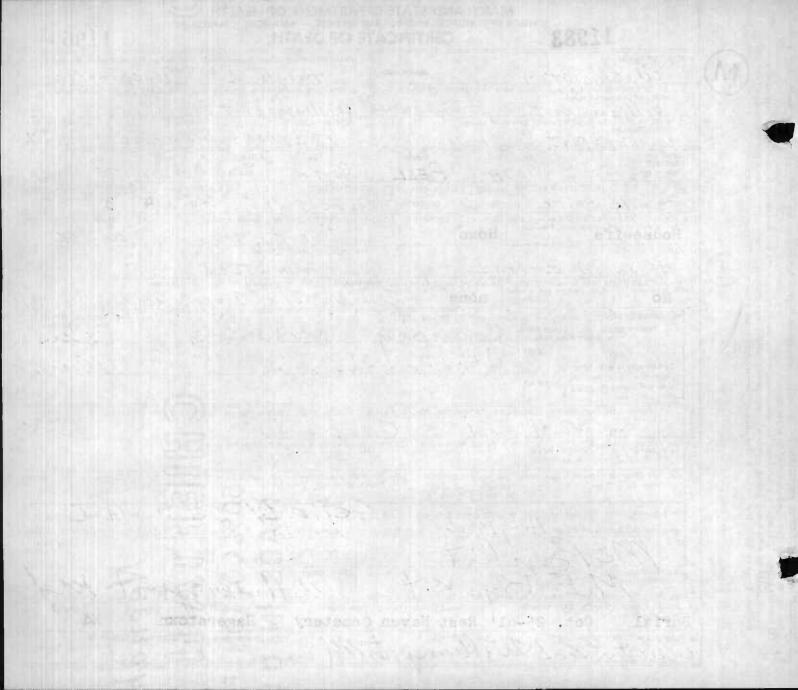
coamonia o. Padeson

Yes-10-5064 hrs Coy west 1811 241 catemarked

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	11983		CERTI	FICA1	E OF DEA	HTA				11	36	3
PLACE OF DEATH a. COUNTY Das	hingto	77	MAR	YLAND	a. STATE		,	b. COUNTY		, .	1	
RURAL and give no	earest tawn)  m S. Oor T	4	2 yre-2		XWIllia	m5		imits, write RI	JRAL ond			
CUI /// 7	,	0 4				-	oe oct	reagu	e St		ONA	FARM? NO
NAME OF DECEASED (Type or print)	V	First 10/A	BEL	4	,	,	4. DATE OF DEATH	Detol	ber	23	1	Year 1961
Female	white	WIDOWI	ED DIVORC	ED 🗆	June 19	188	18	7.9 yrs.	24onths	3,	Hours	Min.
Housewi	ON (Give kind of wo king life, even if retine C	rk dane 10b. red) H	La <sub>a</sub>	OR INDÚS	Libe	>+4	, ohi	0				
AriON					moi	114.	Stuci					
		of service)			1 1	)	1	1 4 1	, ,	15VI	1/e	, Ma
	TH WAS CAUSED B	Y: (o) C	•		00	cla	25,0	4				
gave rise to i	ny, which mmediate	(b) H	there	250	bere.	2				/	On	7100
	of court of	ONDITIONS	d	Cé	ache	cic	3		EN IN PAR	RT 1(o) 1	9. WAS / PERFO YES	RMED?
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEA MEDICAL EXAMINE	TH R) DES	CRIBE HOW INJURY	OCCURRED	. (Enter noture of in	jury in Po	art I or Part II o	f item 18.)				
20c. TIME OF INJUR Haur a. m. p. m.		While	Nat while_	20e. PLA foct	CE OF INJURY (Homory, street, office blo	ne, farm, dg., etc.)	20f. (City or 7	own)	(	County)	\	(Stote
saw the decea		1 1				2.19	M, fram the	causes an	, 191 d on th		stoted	above
11/1	E/3	nk	ex-	N		MEI	D. ST ECTOR P	TAFF HYS.	XD.		221	SIGNED
NAME (Type	1. E.	Be	LKIT	4	22d. ADDRESS	1/1	13m	Spe	207	1	MI	1
BURIAL, CREMATIC REMOVAL (Specify)	Oct. 2	5-61	the second second second					. , ,		M	d (Stote	ey
FUNERAL DIRECTOR	SSIGNATURE	20	Mums	port	1/60		BY REGISTRAR	25b. REGIS	STRAR'S SI	GNATU	RE	
	PLACE OF DEATH  a. COUNTY  b. CITY OR TOWN (I RURAL and give in RURAL GOT DECEASED  (Type or print)  SEX  PART I. DEA  Conditions, if o gave rise to i couse (a), stoting lying couse lost.  PART II. OT  Conditions, if o gave rise to i couse (a), stoting lying couse lost.  PART II. OT  Conditions, if o gave rise to i couse (a), stoting lying couse lost.  PART III. OT  Conditions, if o gave rise to i couse (a), stoting lying couse lost.  PART III. OT  Conditions, if o gave rise to i couse (a), stoting lying couse lost.  PART II. OT  Conditions, if o gave rise to i couse (a), stoting lying couse lost.  PART III. OT  Conditions, if o gave rise to i couse (a), stoting lying couse lost.  PART II. OT  Conditions, if o gave rise to i couse (a), stoting lying couse lost.  PART II. OT  Conditions, if o gave rise to i couse (a), stoting lying couse lost.  PART II. OT  Conditions, if o gave rise to i couse (a), stoting lying couse lost.  PART II. OT  Conditions, if o gave rise to i couse (a), stoting lying couse lost.  PART II. OT  Conditions, if o gave rise to i couse (a), stoting lying couse lost.  PART II. OT  Conditions, if o gave rise to i couse (a), stoting lying couse lost.  Conditions, if o gave rise to i couse (a), stoting lying couse lost.  Conditions, if o gave rise to i couse (a), stoting lying couse lost.  Conditions, if o gave rise to i couse (a), stoting lying couse lost.  Conditions, if o gave rise to i couse (a), stoting lying couse lost.  Conditions, if o gave rise to i couse (a), stoting lying couse lost.  Conditions, if o gave rise to i couse (a), stoting lying couse lost.  Conditions, if o gave rise to i couse (a), stoting lying couse lost.  Conditions, if o gave rise to i couse (a), stoting lying couse lost.  Conditions, if o gave rise to i couse (a), stoting lying couse lost.	PLACE OF DEATH a. COUNTY b. CITY OR TOWN (If outside carporate   RURAL and give nearest town) C. NAME OF HOSPITAL (If not in haspito OR INSTITUTION C. NAME OF HOSPITAL (If not in haspito OR INSTITUTION C. NAME OF DECEASED (Type or print) SEX  6. COLOR OR RAC C. DECEASED (Type or print) SEX  6. COLOR OR RAC C. DECEASED (If yes, give wor or dates C. DUSAL OCCUPATION (Ig (if we kind of wo during mast at work) (If yes, give wor or dates C. DUSAL OCCUPATION C. DUSAL OCCUPA	PLACE OF DEATH a. COUNTY b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  L. A. A. C.	PLACE OF DEATH a. COUNTY b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  d. NAME OF MOSPITAL (If not in haspitol, give street oddress)  OR INSTITUTION  MAME OF MOSPITAL (If not in haspitol, give street oddress)  OR INSTITUTION  NAME OF First Middl  DECEASED  (If year or print)  SEX  Chale (Give kind of work dane during mast of working life, even if retired)  HOUSEWITE  FATHER'S NAME  PYON (If yes, give wor or doles of service)  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gave rise to immediate couse (a), stoting the under couse (a) stoting the under couse (a) stoting the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D  200. ACCIDENT WAS LINDERLYING DOR CONTRIBUTING TO D  200. ACCIDENT WAS LINDERLYING DOR CONTRIBUTING TO D  200. ACCIDENT WAS LINDERLYING DOR CONTRIBUTING TO D  200. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While at work day work	PLACE OF DEATH  a. COUNTY  B. CITY OR TOWN If outside carporate limits, write RURAL and give neorest town)  b. CITY OR TOWN If outside carporate limits, write RURAL and give neorest town)  d. NAME OF HOSPITAL If neft in haspitol, give street oddress  OR INSTITUTION  MARE OF  DECEASED  SEX  6. COLOR OR RACE  7. MARRIED  DIVORCED  DIVOR	PLACE OF DEATH  a. COUNTY b. CITY OR TOWN If outside corporate limits, write RURAL and give necreats through the property of the RURAL and give necreats through the property of the RURAL and give necreats through the property of the RURAL and give necreats through the property of the RURAL and give necreats through the RURAL and give necreations through the RURAL and give rise to immediate give rise to immediate couse (a), stoling the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE RURAL STANDING GIVE PRATE IN CONTRIBUTING TO DEATH BUT NOT RELATED TO THE RURAL STANDING GIVE PRATE IN GI	PLACE OF DEATH  a. COUNTY  B. CITY OR TOWN If outside Araporate limits, write  C. LENGTH OF STAY IN 1b  RURAL and give nearest lowe)  LIMINATE OF TOWN If no touside Araporate limits, write  RURAL and give nearest lowe)  LIMINATE OF TOWN If no touside Araporate limits, write  RURAL and give nearest lowe)  LIMINATE OF TOWN If no touside Araporate limits, write  RURAL and give nearest lowe)  LIMINATE OF TOWN If no touside Araporate limits, write  RURAL and give nearest lowe)  LIMINATE OF TOWN If no touside Araporate limits, write  RURAL and give nearest lowe)  LIMINATE OF TOWN If no touside Araporate limits, write  RURAL and give nearest lowe)  LIMINATE OF TOWN If no touside Araporate limits, write  RURAL and give nearest lowe)  LIMINATE OF TOWN If no touside Araporate limits, write  LIMINATE OF TOWN If no touside Araporate limits, write  LIMINATE OF TOWN If no touside limits, write  LIMINATE OF TOWN IN TO	PLACE OF DEATH  a. COLUNY  STATE  A. COLUNY  A. STREET  A. STREET  A. STREY  A. COLUNY  A. STREET  A. STREY  A. COLUNY  A. STREET  A. STREY  A. STREET ADDRESS  A. STREET ADDRESS	PLACE OF DEATH 6. COUNTY MARYLAND 8. COUNTY MARYLAN	PLACE OF DEATH  6. COUNT  6. COUNT	MARYLAND  COUNTY  MARYLAND  MARYLAND  COUNTY  MARYLAND  COUNTY  MARYLAND  MARYLAND  COUNTY  MARYLAND  MA	DECENSE OF DEATH  COUNTY  MARYLAND  D. CITY OR TOWN If counside disposal before odmissis  D. COUNTY  MARYLAND  D. CITY OR TOWN If counside disposal before odmissis  D. COUNTY  MARYLAND  D. CITY OR TOWN If counside disposal before odmissis  D. COUNTY  MARYLAND  D. CITY OR TOWN If counside composals limits, write RURAL and give feerest form  RURAL and give necreal town  COUNTY  MARYLAND  D. CITY OR TOWN If counside composals limits, write RURAL and give feerest form  MILE ADDRESS  D. CITY OR TOWN If counties composals limits, write RURAL and give feerest form  MILE ADDRESS  D. CITY OR TOWN If counties composals limits, write RURAL and give feerest form  MILE ADDRESS  D. CITY OR TOWN If counties composals limits, write RURAL and give feerest form  MILE ADDRESS  D. CITY OR TOWN If counties composals limits, write RURAL and give feerest form  MILE ADDRESS  D. STREET ADDRESS  D. STREET ADDRESS  D. ACRE (In years)  FIRST  MARKED  D. STREET ADDRESS  D. ACRE (In years)  FIRST  MARKED  D. STREET ADDRESS  D. ACRE (In years)  FIRST  MARKED  D. STREET ADDRESS  D. ACRE (In years)  FIRST  MARKED  D. STREET ADDRESS  D. ACRE (In years)  FIRST  MARKED  D. STREET ADDRESS  D. ACRE (In years)  FIRST  MARKED  D. STREET ADDRESS  D. ACRE (In years)  FIRST  MARKED  D. STREET ADDRESS  D. ACRE (In years)  FIRST  MARKED  D. STREET ADDRESS  D. ACRE (In years)  FIRST  MARKED  D. ACRE (In years)  D. STREET ADDRESS  T. ACRE (In years)  FIRST MARKED  D. ACRE (In years)  D. STREET ADDRESS  Address  Thought and the first only one counties and frame in the first only one counties and form of the counties

TO HOSPITAL VR A15 (4) 1SM 9/S9



24 hours after

ed in by

Pages

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

77004					
1. PLACE OF DEATH  o. COUNTY		2. USUAL RESIDEN	CE (Where deceased lived,	If institution, Residence before edm	nission)
Washington	MARYLAND	a. STATE Mary	land b. co	Washington	
b. CITY OR TOWN (if outside corporale limits,	c. LENGTH OF STAY IN 16		If outside corporata limits, w	rite RURAL end give nearast town)	
write RURAL end give neerest town) Hagerstown	50 years	d Hager	stown		
d. NAME OF HOSPITAL OR INSTITUTION (if not in I		d. STREET ADDRESS	300411	a. IS RESII	DENCE
		1 1000	D A	ONAF	
Washington County Hos	* .		Pope Ave		10 🗌
3. NAME OF First DECEASED (Type or print) Ima May	Middle Sampsel	Last	4. DATE MO OF DEATH Octol		1
5. SEX   6. COLOR OR RACE   7. MAR	-	DATE OF BIRTH	9. AGE (In yee	IF UNDER 1 YEAR   IF UNDER 24	4 HRS.
Female White widow		ept. 29, 1	1888 73 yrs.	ittomma bays modia	Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & State, or foreign country	y) 12. CITIZEN OF WHAT CO	UNTRY
	wn Home	Funkst	own. Md.	20 12 12 12 12 12 12 12 12 12 12 12 12 12	
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
John Henry Watso	n	Moni	e Ausherman	n	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   1 (Yes, no, or unknown)   (Ifyesgivewerordetesofservice)	6. SOCIAL SECURITY NO. 17. I	NFORMANT	Addr	ess	
(195, no, or unkown) (If yes give wer or detes of service)	Mrs	. W. R. Ma	rshall Ha	agerstown, Mo	d.
18. CAUSE OF DEATH [Enter only one ceuse pe			,	INTERVAL BETW	EEN
7 .		to heplan	Delinas.	ONSET AND DE	ATH
IMMEDIATE CAUSE (e)	romany. allus	- 70000	-ccov	10/9/6	/
(1)					
Conditions, if eny, which		ru- selu	vis -	10/6/1	
(a), steting the underlying	vulyshills - acr	the E Chr	lelethiases	19/9/6	
causa last.	calletes me	lilles			
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(a) 19. WAS AUT	TOPSY MED?
TE I					0 7
200. ACCIDENT WAS UNDERLYING   20b. [	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II of item 18.)	Lad	
PART II. OTHER SIGNIFICANT CONDITIONS COLOR  200. ACCIDENT WAS UNDERLYING   20b. I OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	d. INJURY OCCURRED   200. PLA	CE OF INJURY (Home, fer	m, 20f. (City or town)	(County) (St	tata)
Hour e.m.	hileNot While fect	ory, street, office bldg., etc		,	
	vork at work				
21. I certify that (I) (this hospital) att		get 1 -	1961, to all >	19.6, that (1) (w	e) las
saw the deceased alive on	- 5	death occured at?	A from the cause	es and on the date stated	above
220. SIGNATURE		ATTENDING	MED. STAFF	22b.	DATE
Sulner hor	islee "		DIRECTOR PHYS.	10.25	6/
22c. PHYSICIAN'S NAME (Type)	COVER IN SITE	22d. ADDRESS		~ m.1	
7141.69	LOP 11 715) W		crus vice		
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	164 -	0)
Burial 10-28-61	Rose Hill C	emetery	Hagerst	own, "d.	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. RE	C'D BY REGISTRAR 256.	REGISTRAR'S SIGNATURE	
Scott F. Minnich & So	n Hagerstown	. Md . DATE O	CT 3 0 '81 (	arthur S. Kraup	
	Tropor poom	The state of the s	Market Ma		

naoraman state 02

washington County Bospital

THE RESERVE OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN PARTY OF TH

legged and sol Igmnie dulte sand se Boot. 29, 1888 73

House 110 . Own home Lunkstown. d.

temporal fragers in a con-

hr ink in-20-61 hose Hill Committee damperstown. "A. Inline

Scott . Minnich & Jon . R. (1700 NI), md. | 1000 NI) 100 NI

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 119851. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY b. COUNTY e. STATE MARYLAND b. CITY OR TOWN (if outside corporate limits, Maryland Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL end give recers flown) c. LENGTH OF STAY IN 16 and write RURAL end give neerest town) þ .= Hancock Jancock Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress) . IS RESIDENCE ON A FARM? hours YES NO Home completely papers. NAME OF First Middle 4. DATE Le st Month Dev Year 72 DECEASED OF (Type or print) DEATH 19 within 61 William Newton Seville 10. pon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR | 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. last birthdey) and Months Days Hours car WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? please remove done during most of working life, even if retired) Carpenter
13. FATHER'S NAME Hancock Maryland 드 aftending and 16. SOCIAL SECURITY NO. 17. INFORMANT Arthur Seville Then Address removal. (Yes, no, or unkown) | (If yes give we ror dates of service) Hancock Md. No ive P Spvil permit. 1B. CAUSE OF DEATH [Enter only one cause per line lor (a) has been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if env. which (b) geve rise to immediate ceuse DUE TO (e), steting the underlying ceuse lest. (c) the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate ATION PERFORMED? use as 9 NO T prior CERTIFIC 200. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE NOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) Po OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Health defached After 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, Qf. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour e.m. at work et work 19 21. I certify that (I) (this hospital) attended the deceased from... ,, and that death occured at. saw the deceased alive on from the causes and on the date stated above. shoul 22e. SIGNATURE SIGNED ATTENDING. PHYS. DIRECTOR PHYS. TO FUNERAL Director, page 3 be filed with the M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23d. LOCATION (City, town or county) 23e. SURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (Stete) 23b. DATE THEREOF REMOVAL (Specify) Hancock Presbyterian 250. REC'D BY REGISTRAR 25b. REGISTRAN STONATUREID. Buria. 24 FUNERAL DIRECTOR'S SIGNAT VR A15 (4) arthur S. Krous 15M 9/60 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

death that the

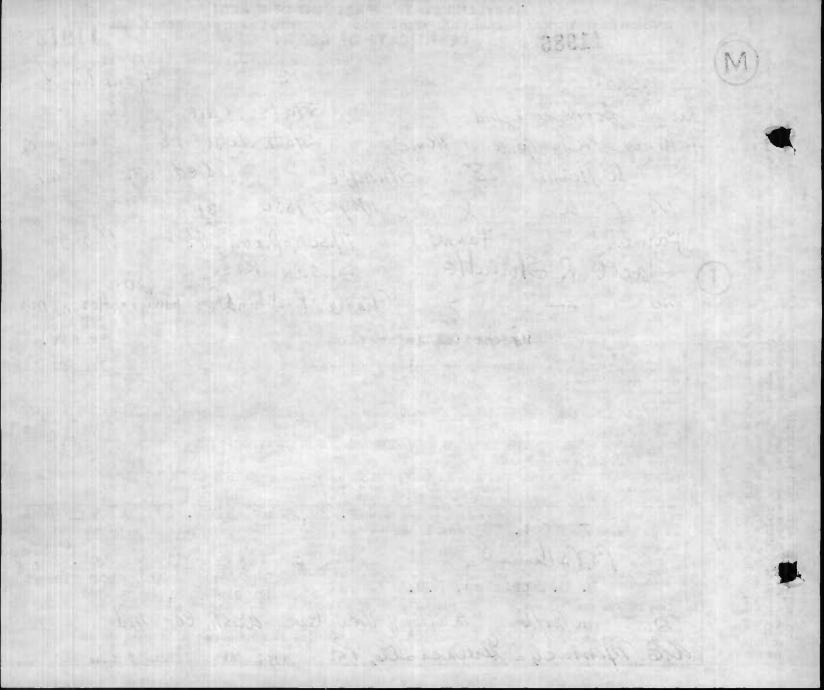
physician. attending ŏ hospital the P may be retaine DIRECTOR:

Pages 1 and 2 should 24 hours after TO HOSPIN CAN ALTERNATION OF A PARTIES OF THE HOSPITAL OF A PARTIES OF THE HOSPINAL DIRECTOR: After this certificate has been signed by the attending physician and completely have in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death, be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death, executed OR ATTENDING PHYSICIAN: The law requires that the death certificate be TO HOSPIN death, Pa

VR A15 (4)

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11986 CERTIFICATE OF DEATH PLACE OF DEATH COUNTY WAS b. MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND

1	o. COUNTY Wash. MARYLAND O. STATE	Pa. b. county Franklis
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY of RURAL and give nearest town)  Reval - Boones Doro Md -	OR TOWN (If outside corporete limits, write RURAL and give neerest town)
10	10 Jahrney - Keedy Memorial House	State Line Pa.   O. IS RESIDENCE ON A FARM? YES NO NO
	3. NAME OF DECEASED (Type or print) William & Shindle	of DEATH OCT. 28 Day Yeer 1961
	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BILL  WIDOWED DIVORCED	
	10a. USUAL OCCUPATION (Give kind of work done) tring most of working life, even if retired)  Townson Target 11. BIRTHP	on,-Pixon, Ra, 12. CITIZEN OF WHAT COUNTRY?
Î	T) Jacob R. Shindle Sus	San Rice
	(Yes, no, or unkown) (If yes give wer or dates of service)	P. Shindle Hagers fown md.
	1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (eN yocardial infarction	INTERVAL BETWEEN ONSET AND DEATH 30 min.
	Conditions, if eny, which gever rise to immediate couse (b) Coronary artery disea	se Indefinite
	(e), stelling the underlying Course lest.  DUE TO (c) (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART (18) 19, WAS AUTOPSY
	CATIO	YES NO NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY Hour e.m. 19 While et work et work	ce bldg., etc.)
1	saw the deceased alive on Oct. 28 1961, and that death occ	to UCT
	220. SIGNATURE BYBLINIS ATTEND M.D. PHYS. 22c. PHYSICIAN'S 22d. AI	DODESS
	NAME (Type) B. B. Kneisley, M.D.  230. BURIAN, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OF CREMATO	Hagerstown, Maryland
	REMOVAL (Specify)	Que. Wash. Co., Md.
1	a.E. Minnich - Dreencestle, Pa.	DATENDY 2 '61 ariling & Kroup



the d and þ filled in Pages 1 after hours paper comple physician remove please = death affending Then removal, the physician. signed burial-transit attending peen the 6 certificate hospital use prior for After this of Health defached be retained by may be retain DIRECTOR: pe should State FUNERAL 1 D in a VR A15 (4)

15M 9/60

NAME (Type)

REMOVAL (Specify)

Howard

23e. BURIAL, CREMATION, | 23b. DATE THEREOF

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECO TON STREET, BALTIMORE 1, MARYLAND USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission, PLACE OF DEATH e. COUNTY Mashington Washington MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) Hagerstown D. O. A. Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? West Hospital YES NO DE County 3. NAME OF 4. DATE Middle DECEASED (Type or print) SMITH 1961 19 CURVIN ARTHUR DEATH October 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Hours Lale WIDOWED | DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) done during most of working life, even if retired) Glub. . York Co Pa. Hanover , rountain Head Country 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma G. Grover 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT ersto (Yes, no, or unkown) | (Ifyes give wer or detes of service) 67-14-3539 Irs. Ch 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY MINUTES Corporación IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate ceuse DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 20e, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)

Hour e.m. While Not While factory, street, office bldg., etc.)

22e. SIGNATURE

ATTENDING MED. STAFF
PHYS. DIRECTOR PHYS. D

22b. DATE SIGNED

22c. PHYSICIAN'S

22d. ADDRESS

Weeks, M.D. 136 N. Potomac St.

Rose Hill Cemetery Hagerstown Wash Co Ma

24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Andrew K. Coffnan Hagerstown 1.a.

DATE OCT 9 '61 Cirthur S. Trous

(Stete)

Alleger of the second and the last where the second property of the second party .Ja anjude: .4 881 . .C.H . Fleet .K Sectoral THE PERSON ASSESSMENT AND ASSESSMENT OF THE PERSON ASSESSMENT ASSE

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 1988 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE WASHINGTON b. COUNTY WASHINGTON MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 20 RURAL HAGERSTOWN d. NAME OF HOSPITAL (If not in hospital, give street address) H STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? VIRGINIA WASHINGTON COUNTY HOSPITAL AVE2 YES NO TH NAME OF Middle Lost 4. DATE Month Yeor DECEASED OF DEATH HARVEY (Type or print) ELLSWORTH SMITH OCTOBER 67 19 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birtliday) Months Days Min. MALE WHITE 5/19/1910 DIVORCED T WIDOWED T ETU yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HARVEY E. SMITH SR. SUDA YATES Address S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 705-10-8643 MRS 18. CAUSE OF DEATH [Enter only one couse per line for 16 lbh and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stoling the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Day. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) foctory, street, office bldg., etc.) o. m. Not while p. m. of work of work 21. I certify that I attended the deceased fram. 19\_\_\_\_,that I last saw the deceased alive an\_\_ and that death accurred at M, fram the causes and an the date stated above. ADDRESS (Salative or town, stote) ACTUAL SIGNATURE shauld 3 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATOR (Stote) REMOVAL (Specify) HAGERSTOWN REST 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Marlun & House

VS A1S (4) 1SM 9/SS

MEL

			94 2	
	BURNELL LAND	λ	1	
Hotel Land Subs		SACSON	a santana kin i	
		ALL HERENE SERVICE		
	CTRIVE X	District Barry		
		1 × 2 - 1 - ENV		
			est and has also found	
			Digital Wall State	

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATIST	ICAL RESEA	CERTIFICA	os, 301 W. PRESTO		BALTIMORI	1, MARY	LAND	<b>f</b> =
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDEN		b. COUNTY		e bafore a	dmission
Washington  b. CITY OR TOWN (if outside corpore	4. 1114.	MARYLAND  c. LENGTH OF STAY IN 1			shingto			1
write RURAL end give neerest tov	vn)				rate limits, write Ki	UKAL and give i	seerest tow	rn)
Hagerstown		5 Days	Hagers			00	1	
Washington Co			d. STREET ADDRESS	lberry	St	)	ON	A FARM?
3. NAME OF	First	Middle	Lest	4. DATE	Month	Dey	Yee	
(Type or print) VINCE	דים יחידתי	DMUND SNO	OWDEN	OF DEATH	Octobe	7 70 7	06710	
		DXXNEVER MARRIED	8. DATE OF BIRTH	19.	AGE (In yeers   IF			24 HRS.
2 0 9991			3/		last birthday) M	onths Deys	Hours	Min.
Male   White			May 18 189	4	67 yrs.	10 (17171)	F 34414 A 7 4	
10e. USUAL OCCUPATION (Give kind of done during most of working life, even in	if retired)	IND OF BUSINESS OK INDUS	TRY 11. BIRTHPLACE (Cou	nty & Stete, or t	Prountry)	12. CITIZEN O	F WHAT	LOUNIRI
Clerk Retire	d Pe	enna R.R.	Martinsbu	rg Ber	kley Co	USA		
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
Samuel Snowd	len		Floren	ce Sim	pson			
15. WAS DECEASED EVER IN U.S. ARME	D FORCES?   16.	SOCIAL SECURITY NO.   17	INFORMANT		Address			
(Yas, no, or unkown) (Ifyesgive warords	ates of servica)	None	Mrs Mayme H	Snow	den 20	So Mal	harm	S S
18. CAUSE OF DEATH [Enter or	ly one cause per				acii 20		FRVAL BET	
PART I. DEATH WAS CAUSED	BY:	10 000	Hagerstow	II Ind.		ON	SET AND	HTATO
IMMEDIATE CAL		HIN VOL	ring	1			9 -	
	UE TO	20 00 Di	- mail		ulce		14	4
Conditions, if any, which geve rise to immediate ceusa	(b)	Received	& harm	ic 1	nene	-	The	_ (
	UE TO		- /				•	
ceuse last.	(c)							
PARTY. OTHER SIGNIFICANT OF CONTRIBUTING CONTRIBUTION CON	EATH 2Db. DES	tis; Dia	NOT RELAJED TO THE TERM	besit	ty.	IN PART I(e) 1	9. WAS A PERFO	AUTOPSY PRMED? NO 1
20c. TIME OF INJURY Month, D Hour a.m. p.m.	ey, Yeer 20d. While	Not Whila	PLACE OF INJURY (Home, fer actory, street, office bldg., et		or town)	(County)		(State)
21. I certify that (I) (this	hospital) atten	ded the deceased from	28 FEB.	195.7., to	10 Oct.	, 19.61, 1	hat (I) (	(we) la
saw the deceased alive on								
22a. SIGNATURE  22c. PHYSICIAN'S  25c. PHYSICIAN'S  AME (Type)	1.18	input.	ATTENDING	MED. DIRECTOR	STAFF PHYS.			DATE SIGNE
RICHARD	T. BINE	FORD, M. D.	1135	POTOMAC	AVENUE,	HAGERS	TOWN,	Mo.
23a. BURIAL, CREMATION, 1 23b. DAT	E THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCA	TION (City, town	or county)	(5	tate)

Rest Haven Cemetery

ADDRESS

Coffman Hagerstown Md.

Wash

arthur S. Kraus

25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

OCT 1 3 '61

DATE

death. Pager way be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely need in by the standard of the TO HOSPIT death, Pag

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

n 24 hours after

Pages 1 and 2 shoots

23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify)

Buria

Andrew K.

24 FUNERAL DIRECTOR'S SIGNATURE

Hemondeschors 9 1. 15.1 Chromic hunderti; Line tis; Chianty TOTAL STATE OF THE Willand T. Grifted! The transfer of Land Till Act Andrew College and College and Designation in 24 hours after etely had in by the funeral spers. Pages I and 2 should 72-hours after death. TO HOSPIT.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in death. Page and be retained by the hospital or attending physician.

Page and be retained by the hospital or attending physician and completely in a completely in death of the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72-hour

5.

10 de

13

15 (Y

MEDICAL CERTIFICATION

23

24

MARYLAN	ND STATE DEPARTMENT	OF HEALTH	
DIVISION OF STATISTICAL RESEARCH	CERTIFICATE OF DEAT	ON STREET, BALTIMORE 1, MA " <b>H</b>	11976
11990			
PLACE OF DEATH  o. COUNTY // CALL	2. USUAL RESIDE	NCE (Where deceased lived, If institution, Re-	sidence batora admission)
WHOTTON	MARYLAND	KYLAND INACH	ILGTON
b. CITY OR TOWN (if outside corporate limits, c. LEI	NGTH OF STAY IN 16 C. CITY OR TOWN	N Af outside corporete limits, Write RUKAL and	give neerast town)
TAGERSTOWN	30 HS. US 1717	GERSTOWN	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, gi	- 11 - 2 2	MINITEDAY C.	D. IS RESIDENCE ON A FARM?
ESIERN MO. SIATE	HOSP, 213N	MADERRY SI	, YES NO
NAME OF DECEASED FOR THE PROPERTY OF THE PROPE	Middle Last	4. DATE Month	Day Year
(Type or print) FDNH FKANCE	ES SNYDER	DEATH OC. /_	1961
PENALE WHITE WIDOWED	DIVORCED B. DATE OF BIRTI	9. AGE (In years lest birthdey)   Gyrs.   IF UNDER 1 Y   Months   De	Bys Hours Min.
s. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	BUSINESS OR INDUSTRY 11. BIRTHPLACE CO	ounty & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
PRACTICAL NUL	2SE PENNS	YLC4MIA C	2,5,14,
FATHER'S NAME	14. MOTHER'S MAIDE	EN NAME	27777
JUTTA WIM, YEA	TES ELILA	- VANE STI	CALER
. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAles, np, pr, unkown)   (Ifyes give wer or detes of service)	L SECURITY NO. 17. INFORMANT	Address //	- HAKERSTEKER
NO 183.	-12-1932 MR. ME	LUIN H. SMY DER	NO.
18. CAUSE OF DEATH [Enter only one cause per line for   PART I. DEATH WAS CAUSED BY:	(a), (b), and (c).]	W O m i D	ONSET AND DEATH
IMMEDIATE CAUSE (a)	INOTH OF IM	YROID	9 years
DUE TO			
Conditions, if eny, which gave rise to immediate cause			
(e), stating the underlying DUE TO			
ceuse last. (c)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIVEN IN PART 1	PERPORMED?
			YES V NO
208. ACCIDENT WAS UNDERLYING   20b. DESCRIBE H OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURED. (Enter natura of injury	in Part I or Part II of Itam 18.}	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY	OCCURRED 20e. PLACE OF INJURY (Home, for While factory, street, office bldg., a	farm, 20f. (City or town) (Count	ly) (Steta)
	et work		
21. I certify that (I) (this hamital) attended th	he deceased from 7 - 26 -	, 1961, 10 Oct 1 , 196	., that (I) (we) last
saw the deceased alive on 10 - 1-	196./, and that death occured at.	10 M, from the causes and on th	e date stated above.
Huta un il Polloge	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) ANTONIO U. PAL	LLACROSI 22d. ADDRESS 1500 /	la Ave Hageerto	wan trop.
e. BURIAL, CREMATION, 23b. DATE THEREOF / 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, lower or county)	(State)
REMOVAL (Spacify) 70/3/6/ R	est feven tem	Hagestown	Mid
FUNERAL DIRECTOR'S SIGNATURE	Cals Court Med DATE	OCT 5 61 25b. REGISTRAR'S SI	/ -

108 3 "如何是这个人的是一种的是一种的是一种,我们是一个人们是一种的。" EDVE SANDES SANDER - 62 E 28 126/24/25 TENERS TO THE TOTAL STATE OF THE STATE OF TH THE DENSE STEEL STEEL STEELS CRECINGTHE EE THYBEILD ALCOHOLD VAL 1 18 - 185 TA - 181 A the to case of latterpress ANTONIA A PARESCHEST TOPS PER AND TRANSPORT 五年 3年 16 I Belle and 18 18 18 18 18 a star of the second with the self of

attending 1SM 7/61

within 24 hours after

VR A15 (4)

24 FUNERAL DIRECTOR

DATE

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

arthur S. Kraus

(County)

e. IS RESIDENCE ON A FARM?

YES NO

61

Yeer

IF UNDER 24 HRS.

7.3 19

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

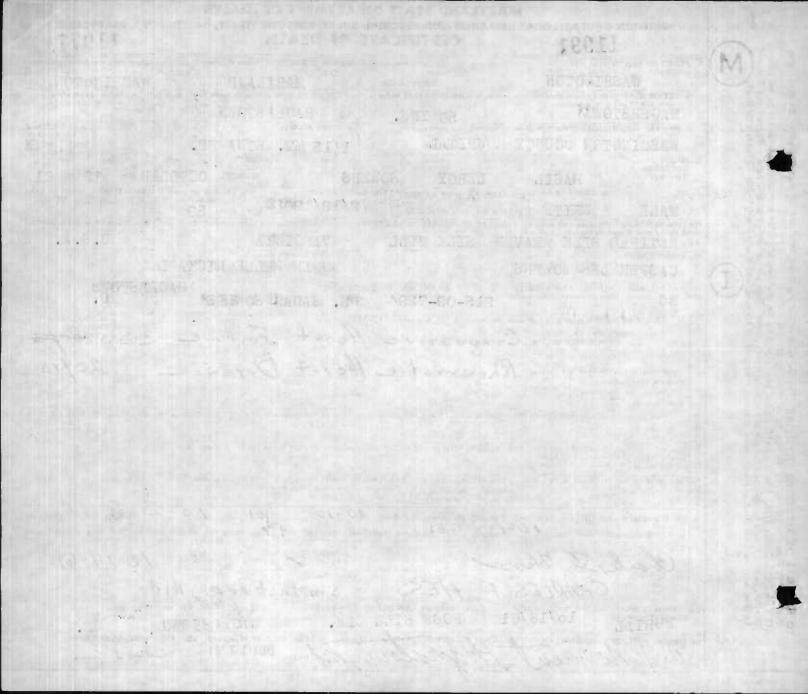
> PERFORMED? NO D

> > (Stete)

SIGNED

(Stete)

Deys



# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11992 CERTIFICATE OF DEATH
11972

11000				-9	-dL 0/ 0 ()
1. PLACE OF DEATH  •. COUNTY  Washington		A STATE -	CE (Where decessed lived, b. COL	UNTY	
	LITTER I MILITAD		ld.	Wash	
b. CITY OR TOWN (if outside corporete write RURAL end give neerest town)	limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporete limits, wr	ite RURAL end give	neerest town)
rural Smithsb	urg 16 months	rural	Smithsburg		
d. NAME OF HOSPITAL OR INSTITUTIO	N (if not in hospitel, give street eddress)	d. STREET ADDRESS			e. IS RESIDENCE
RFD 2		RFD 2			YES NO A
DECEASED	irst Middle	Last	4. DATE Mon		Yeer
	tty Jane	Stenger	DEATH (	October	24,19 61
5. SEX 6. COLOR OR RA	CE 7. MARRIED X NEVER MARRIED   8	B. DATE OF BIRTH		IF UNDER 1 YEAR	
female   white	WIDOWED DIVORCED DIV	Dec. 1, 192	713.	Monnis	Hours Min.
10a. USUAL OCCUPATION (Give kind of videne during most of working life, even if re		RY 11. BIRTHPLACE (Coun	ty & State, or foreign country	y) 12. CITIZEN O	F WHAT COUNTRY
teletype operato		Shippens	burg, Penna	a .	
13. FATHER'S NAME	*	14. MOTHER'S MAIDEN			
Walter A	. Shank		Mae Sho	pap	
15. WAS DECEASED EVER IN U.S. ARMED	FORCES?   16. SOCIAL SECURITY NO. 17.	INFORMANT	Addre	ss	
15. WAS DECEASED EVER IN U.S. ARMED I (Yes, no, or unkown) (Ifyesgivewerordetes	201-18-5206	Paul J. Ste	inger, Smith	asburg,	Md.
18. CAUSE OF DEATH [Enter only					TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY		- Malan	dua wi	· ff.	SET AND DEATH
IMMEDIATE CAUSE		Trecan	rua wi	14	21100
1907 DUE	10 Widespread	d Metast	Lai		
Conditions, if eny, which geve rise to immediate cause	(b) wicespread	or lixtuoi	aovi-		
(e), steling the underlying DUE	10 (5./- 2.5)	V. c 0 /	i Not Kud	04.104	
ceuse lest.	(c) Site of with				
PART II. OTHER SIGNIFICANT CO.	NDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION G	IVEN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
<b>5</b>					YES NO
PART II. OTHER SIGNIFICANT CO.  20e. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA  If EITHER, NOTIFY MEDICAL EXAMIN	206. DESCRIBE HOW INJURY OCCURED	O. (Enter neture of injury in	Pert I or Pert II of item 18.)		
OR CONTRIBUTING CAUSE OF DEA	TH ER)				
		ACE OF INJURY (Home, ferm	20f (City or town)	(County)	(State)
20c. TIME OF INJURY Month, Dey,		tory, street, office bldg., etc.		(0001117)	(3.0.0)
			1		
21. I certify that (I) (this he	spital) attended the deceased from	Sept 19	1960 to OCY2	J. 1962,	that (I) ( <del>we)</del> la
saw the deceased alive on			M, from the cause		
22 SIGNATURE	0.11		17		22b. DATE
15000000000	Sitt o TIT IT	Bune a	MED STAFF	1 (	De fre SIGNE
Z2c. PHYSICIAN'S	71110-1111	A.D. PHYS.			27/10
NAME (Type)	- 222 1/ 12		Mashinston Ci	Tlaganet	orm Md
	to 111. M. D.		Washington St		
REMOVAL (Specify)	- (-		23d. LOCATION (City,	lown or county)	(Stete)
burial 10-2	/-01   Spring Hil	1 Cemetery	Shippen	sburg,	Pa.
4 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D'D BY REGISTRAR 256. F	REGISTRAR'S SIGNA	TURE
Scott F. Minnic	h & Son, Hagerstov	wn, Md. DATE 0	CT 2 7 '61 (	arthur & the	uA.

mpletely we in by the funeral papers. Pages 1 and 2 channel in 24 hours after Min 72 hours after deal IO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. Page may be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

Defined with the State Dept. of Health prior to burial, cremation, or removal, and in any event, wintin 72 hours.

1000. 1, 1024

teletype operator ordance depot Shippenships . Penni.

A ME OF SALE OF SALES

Walter L. Shame

W, elle op word McHastach

Standard William Comment of the same

begins 10-27-01 Spring Hill Cometery Schoonsours, Ph.

Scott I. Minnich & Fou, Fagerstown, Md. - 2127 W. Charles and

AND TRUE TOUR . TO THE STATE OF THE STATE . IN .

Hakingin to Makandana in the

(Site of wintial have MA Keeper

35433 W SENT-19, FE 35454 NO

All the street of the street state and the

3 Take 5 Introl

g , g		11993 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1 1979
cremat	M)	1. PLACE OF DEATH O. COUNTY Washington  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) OSTATE Maryland Washington
Poge Dunol.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  ond give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
5 (B)	Lon	Hagerstown  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. 15 RESIDENCE
di iles.	77	Washington County Hospital   22 No Potomac St   VES   NO Potomac St
unerol registror	1	3. NAME OF DECEASED Lost JUDY First Middle STINE JUDY FIRST MID
to the fined for		5. SEX Female  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  WIDOWED DIVORCED Apr 11 1961  9. AGE (In years low birthday)  Months Days Hours Min.
and 3 be retained 2 w		10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  None  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (Stote or foreign country)  Hagerstown Wash Co Md.  12. CITIZEN OF WHAT COUNTRY  USA
1, 2, may l		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
age 5 ge 5 poge		Lloyd A. Stine Marjorie Winck  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address
File		None Marjorie Winck 22 No Potomac t
P. C. P.		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  INTERVAL BETWEEN ONSET AND DEATH
form form sit pe		936 Due to
il in l with	~	Conditions, if ony, which by gove rise to immediate cause
olang buria		(o), stoting the underlying couse last.  (c) (c)
ding" i	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?  YES 100-101
pen iner	455	PRIMARY DOC CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  CAUSE OF DEATH.
Exam Frauld		Joe. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State)
dical	21	3:10 P.m. 70-28 1967 of work of Home Hagerstown, Washington Md
Chief Me		21. I certify that I toak charge af the remains described abave, held an Autapsy , Inspection , Inquiry , and find the death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined cause .
the Chi		150,080
Ta th	2	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
cute the character, wriferworded to the Chief TO FUNERAL DIRECTOR: or remaval.		EXAMINER'S NAME (Type)  Dr. E. W. Ditto Ir.  ASSISTANT MEDICAL EXAMINER (10-30-61)
forword FUNER or remo	0	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county) (\$tote)
10	01	Burial"   10/30/61   Rest Haven Cemetery   Hagerstown Wash Co Md.  23. FUNERAL DIRECTOR'S SIGNATURE   246. REGISTRAR'S SIGNATURE
5. A15ME(5) 5M 9/55	Y	Andrew K. Coffman Hagerstown Md. DATET 31 '61 arthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

The state of the s Don't State of the 

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11994 CERTIFICATE OF DEATH

1		T7994		CERTIFICA		OF PLATE	•		1	LOC	/ 1
	CE OF DEATH				2.	USUAL RESIDE	VCE (Where de			ence belone	dinission)
		hington		MARYLANI		e. STATE Mar	vland	b. COUN	Was hi	ington	
b. C	ITY OR TOWN (if	outside corporete limits,		c. LENGTH OF STAY IN 1	ь	c. CITY OR TOWN		prete limits, write	RURAL end giv	e neerest tow	(n)
Hs	write RURAL end of gerstown			Life		de Hac	gerstown				
		AL OR INSTITUTION (if I	not in hospit			d. STREET ADDRESS		<u> </u>			ESIDENCE
		County Hes	pital			2435 Jeff					NO K
DE	ME OF CEASED De or print)	BARBARA		ANN		SWARTZ	4. DATE OF DEATH	Octobe			61
5. SEX		6. COLOR OR RACE 7	. MARRIED	NEVER MARRIED	B. D/	ATE OF BIRTH	9.	AGE (In yeers		-	
	ale	white	WIDOWED		Man	7 2, 1942		19 yrs.	Months Days	Hours	Min.
10e. U	SUAL OCCUPATION	ON (Give kind of work king life, even if retired)		O OF BUSINESS OR INDU	STRY 1	1. BIRTHPLACE (Co.	unty & State, or	foreign country)	12. CITIZEN	OF WHAT	OUNTRY?
	lerk Typ		Uni	nd Blasting Manufactor		Hagerstow	m, Mary	l and	U.S.	A.	
13. FA	THER'S NAME				14.	MOTHER'S MAIDE	NAME				
		Robert S. S	wartz			Arlene	Kendle				
		R IN U.S. ARMED FORCE		DCIAL SECURITY NO. 17	. INF	DRMANT		Address			
no		Aes & LAG Met Of Geles Of 261		8-40-4186	Robe	ert S. Swa	ret.e	Hagers	town Me	ryland	3
18	CAUSE OF DE	EATH [Enter only one co			100		0 (			NTERVAL BET	WEEN
		WAS CAUSED BY:	mal	Fibe Abs	ces	ies at	topit.	GREUM	1	ONSET AND	dan
	7 1		0			, , ,	1900				-
Co	22011	DUE TO	Po.D.	tonitic	C	Remona	1170	Ω		2 WK	-5 ?
	nditions, if eny, ve rise to Immedie	te ceuse	ion	1011112	1	50000	A. A.	-00			
	, steting the un-	derlying DUE TO	Pol	at 10 14h	ha	titie.	Ac. ta	- Pach	patie	2 4k	<+
	use lest.	SIGNIFICANT CONDITION	TO D	RIBUTING TO DEATH BUT	TOT BE	ALCIN'S	INIAL DISEASE	CONDITION CIV	EN IN PART 1(e)	19. WAS A	LITORSY
é	PART II. OTHER	SIGNIFICANT CONDITIO	ONS CONTI	RIBOTING TO JEATH BOT	WOT KE	LATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART I(e)	PERFC	RMED?
3										YES	NO I
Z OR	CONTRIBUTING [	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OCCU	RED. (En	ter neture of injury in	n Pert I or Pert II	of item 18.)			
	EITHER, NOTIFY	MEDICAL EXAMINER)									4000
MEDICAL	c. TIME OF INJUR	Y Month, Dey, Yeer				OF INJURY (Home, fa street, office bldg., e		or town)	(County)		(State)
WED	Hour e.m.	19	While et work	et work	,,		1				
21		at (1) (this hospita	1) attende	d the deceased fro	m. 5	ept. 21	19.6.1 10.	Q27. 9	19.61	that (1)	(we) last
	w the decease		ct.			ath occured at.					
22	- / A				110, 00	1		1110 000000			DATE
1	Keh	ar 271.	14			ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		0-1	SIGNED
22	E. PHYSICIAN'S	- a 0:	N		_M.D.	22d. ADDRESS		J		04	.10,0
	NAME (Type)	ichard V Ha	uver	M.D.							
220 0		ichard V Ha		23c. NAME OF CEMETE	RY OF	CREMATORY	23d. LOCA	ATION (City, to	wn or county)	1S	tete)
REA	OVAL (Specify)	- 4- 0 /-	1-		_						
	urial	10/12/19	61	Rest Haven	veme			rstown,		arylar	II.
24Su		s signature uzer Funera	1 Home	ADDRESS			OCT 1 3 '6		lithur S. H	Lee	
1.R.	Frankly			Hagerstown	. Mo	DATE	001.00		21, 71		

Pages 1 and 2 should whin 24 hours after death. Page may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely mild in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

47

not riser!

Jestino vinto not little

ti, CÇ3

r J 2

11051

Color Color

Terist to the corresponding to the second of the second of

riting the contract of the con

ie

The boate Hope White Eache of House A College

somete. werte

ricon:

rich 10/12/1961 dest been caroles (not control of the control of t

.bk enwoderegal and intended recept - 100pl

THE PERSON NAMED IN COLUMN NAM

not nide

TO HO TIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the Lage 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1195 CERTIFICATE OF DEATH

a. COUNTY	2. USUAL RESIDENCE (Whare decaasad livad, If institution, Rasidence before admission)
Washington MARYLAND	o. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (if oulsida corporata limits, write RURAL and give neerest town)	c_CIT OR TOWN (If outside corporale limits, write RURAL and give neerest town)
Hagerstown UNKNOWN	Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva straet address)	d. STREET ADDRESS   e. IS RESIDENCE
2302 Virginia Avenue	2302 Virginia Avenue
3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED (Type or print) NORMAN O.	TERPENING OF DEATH October 25 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.  October 207 3 COTT
Male   White   WIDOWED   DIVORCED	October 27,1877   83 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State, or loreign country)   12. CITIZEN OF WHAT COUNTRY?
Retired Farmer Own Farm	Summit, New York U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jerome Terpenning	Mary Etta Fox
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	
(Yes, no, or unkown) (Ifyes give war or detes of sarvice)	T 7 M 1 22 T 00
NONE NONE NO. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	rs. J. Logan Treadwell, Jefferson, N.Y.
Provi privile division and	asekna ONSET AND DEATH
IMMEDIATE CAUSE (a) Overchid	
24/X meso asterio Lela	rote heart disease Syens
Conditions, if eny, which gever rise to immediate ceusa	J'STA
(a), steting the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	BEREODMED?
(5) Corcerom O) P	YES NO I
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN  208. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter natura of injury in Pert I or Pert II of item 18.)
20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. P	LACE OF INJURY (Home, ferm, † 20f. (City or town) (County) (Stete)
	ectory, street, office bldg., etc.)
	Darla sola solat solat solat
21. I certify that (I) (This hespitel) attended the deceased from	// / / / /
	at death occured at
228. SIGNATURE THE G. Grup In D'	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DC 22b. DATE
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS 115 King Street
Joseph C. Crisp M. D.	Hagerstown, Maryland
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (Slata)
Burial October 27.1961 Evergree	en Cemetery Jefferson, N.Y.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
C.O. Fuss & Son Taneytown, Marylar	nd DATE OCT 27'61 Orthur S. Krus
	2. (1111)

deedi

li agnimational

Communication in Common

. cir . franc.

J. C. J. C.

y.v. Inco seen Tenerisen, harminn's

Testano Company in the Company of th

The section of the se

Hazanatown

J ... ...

2 min vi sac 1 44 1 25 4 mile

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whare daceased lived, If institution: Rasidance before admission) a. COUNTY e. STATE b. COUNTY by the and 2 death. Washington MARYLAND Marvland Washington b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by write RURAL end giva naarast lown) Pages 1 arrs after or hagerstown Weeks Hagerstown d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) -hours Washington County Guilford Hospital completely NAME OF DATE DECEASED OF (Type or print) DEATH FRANK actober and co 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR <u>\*\*</u> last birthday) Months WIDOWED hale DIVORCED physician 10a. USUAL OCCUPATION (Giva kind of work ove 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign-sountry) 12. CITIZEN OF WHAT COUNTRY? dona during most of working lifa, avan if ratirad) Asst Warehouse Foreman Wavnesboro Frankl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Mary Routzan Charles Wade 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivawerordatesofservice) Pearl Brown Wade Guilford 520 1B. CAUSE OF DEATH [Entar only ona causa per lina for (a), (b), and (c).] Hagersestown ig physicis PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-fransit DUE TO geva rise to immediata cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING certificate 35 prior use 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Po the After this defached 20c. TIME OF INJURY Month, Dev. Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, Jarm, 1 201. (City or town) factory, street, offica bldg., atc.) Whila Not Whila at work at work DIRECTOR: p.m. 1953 to 6 ct 9 19 (that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from Qua 3 9 19.61., and that death occurred allers M from the causes and on the date stated above saw the deceased alive on 22a. SIGNATURE ATTENDING MED. DIRECTOR PHYS. PHYS. M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type rector, 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) P d d Hagerstown Wash Rose will Cemeterv ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

Coffman Hagerstown Ld.

VR A15 (4)

15M 9/60

Andrew K.

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

YES NO

Year

IF UNDER 24 HRS.

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

(County)

Chilling & Kraus

OCT 1 3 '61

NO 4

(Stata)

22b. DATE

SIGNED

ON A FARM?

Carl Tiles Live This Elevis Color William Color Color I I Trickell the MO THE POSTERS IN INST And a course of the distribution of weather.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution; Residence before edmission) e. COUNTY files. Health, b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) 0 AGERSTOWN Board d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) Pol e. IS RESIDENCE ON A FARM? MD. STATE YES NO X ate NAME OF Middle DATE S DECEASED OF the (Type or print) Canzobeil DEATH OctobER 25, 1961 Weede IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR ast birthdey) Min. WIDO WED DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Juring most of working life, even if retired) IRGINIA HOUSE WIFE pages 1 PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME KNOW To Not 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT with fo (Yes, no or mkown) (If yes give we ror detes of service) GEORGE R. WEEDY REDERICK 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN e along ONSET AND DEATH PART I. DEATH WAS CAUSED BY. LOBULCER PNEU MONIA 6 da45 MMEDIATE CAUSE (e) Office DUE TO Fracture of hip, left 50205. Conditions, if eny, which (b) geve rise to Immediate cause **DUE TO** (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTORSY PERFORMED? cremat YES X NO . pluods 200. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of item 18.) PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. FL. twisted left leg and sustained a fracture of bur bur 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20c. TIME OF INJURY Month, Day, Year 20f. (City of lown) 968 fectory, street, office bldg., etc.) 0 While Not While 0 et work et work 11204301961 Freclerick 5:00p.m. Home ρĠ P 9 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry 1 and in my opinion 0 death resulted from: Natural causes Accident -Suicide Homicide Undetermined manner forwarde L DIRE the CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL designal 8 DEPUTY MEDICAL EXAMINER EXAMINER'S should DEPU NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 122b. NAME OF CEMETERY OR CREMATOR 22d, LOCATION (City, town, or country) REMOVAL (Specify) 40 9 URIAL 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME OCT 2 7 '61 arthur S. Krous

\*10 g % MANAGER STREET DESCRIPTION OF THEORETICK ! A LEGICAL WIR. STRIKE GEOWETER SHIP CAPOSTO TREBUT JENRYE WHITE BY THE BY TO 18 76 18 18 KUNTER SHANE WEST LINE WITH GEORGE CAMPBELL TH NET AVOLE GECKER NEEDY TREDZECK MID THE SHOULD SEE WILLIAM SEE THE SEE The same of the sa The state of the s THE TOUR TRUBE WITH MERHERALD

TO HOS? 1. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. 17.44 may be retained by the hospital or attending physician.

> TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete; filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH

DIVI ORE 1, MARYLAND

1984

SION O	11998	CERTIFICATE			STREET,	BALTIN
DEATH			2. USU	AL RESIDENCE	(Where dec	esed lived
			e. ST	ATE		b. CC

1. PLACE OF DEATH			2. USUAL RESIDEN	CE (Where deceese	d lived, If institution: Resid	ence before edmission)
Washing	ton	MARYLAND	"Marylan	d W	ashing ton	./
	f outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	outside corporete	imits, write RURAL end giv	e neerest fown)
Hagerst	give neerest town)	1 Yr	03 Hager	stown		
The same of the sa	AL OR INSTITUTION (if not in ho	spilel, give street eddress)	d. STREET ADDRESS	2 00 111		e. IS RESIDENCE
	nnybrook Driv		9	ybrook	Drive	ON A FARM?
3. NAME OF	First	Middle	Last	4. DATE	Month Da	y Yeer
(Type or print)		ARL WHI	TE M.D.	OF DEATH	October 27	161
5. SEX	6. COLOR OR RACE 7. MARRIE	NEVER MARRIED	DATE OF BIRTH	9. AGI	(In years   IF UNDER 1 YEA	R IF UNDER 24 HRS.
Male	mhite widowi		November 14	1921 ""	39rs. Months Deys	Hours Min.
10a. USUAL OCCUPATI	ON (Give kind of work king life, even if refired)	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Coun	y & State, or foreig	n country) 12. CITIZEN	OF WHAT COUNTRY
Physici		tane Farm	Omaha Dou	glas Co	Neb. US.	A
13. FATHER'S NAME	.all	T Herro - cram	14. MOTHER'S MAIDEN			
Carl Wh	ite			Lake		
15. WAS DECEASED EVE	R IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO. 17.			Address	
Yes, no, or unkown) (If	yes give war or dates of service) 507-	-10-7444 Mrs	Olga L. Wh	ite 148	Donnybroo	k Dr
18. CAUSE OF D	EATH [Enter only one cause per					NTERVAL BETWEEN
	WAS CAUSED BY	allow as	www	town Md.	Versen 1	ONSET AND DEATH
1561	MMEDIATE CAUSE (a)	- CONTON-CON	und ble	4		J I MANG
1001	DUE TO			1		
Conditions, If eny						
geve rise to immedia (e), steting the un						
couse lest.	) (c)					
Z PART II. OTHER	SIGNIFICANT CONDITIONS COL	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	IAL DISEASE COND	ITION GIVEN IN PART 1(a)	
OIL						YES NO.
20e. ACCIDENT WA	AS UNDERLYING TO 1 206 DES	CRIBE HOW INJURY OCCURE	). (Enter nature of injury in F	Part I or Part II of its	m 18.)	I IES [] NO.W.
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
20c. TIME OF INJUI			CE OF INJURY (Home, farm		wn) (County)	(Stete)
Hour a.m.	While the world was a second wa	0 - 1101 11110	tory, street, office bldg., etc.	1		
		Lead Lead	2 ^	1 61 07	00= 44.61	
	hat (I) (this hospital) atten					
saw the deceas	ed alive on 27.0c.T.	19.0.1, and that	death occured a 2.3.	3.0M, Afron the	causes and on the	date stated above
22e. SIGN TORE	1 2-1	k / //	ATTENDING A	AED. ST	AFF	22b. DATE SIGNED
Kul	111111111111111111111111111111111111111	mus.			YS.	310112
22c. PHYSICIAN'S	com u ~		22d. ADDRESS			
NAME (Type)	RICHARD T. B	INFORD, M. D.	1155 Po	TOMAC AVE	NUE	
220 BURIAL CREMATIV	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY			(City, town or county)	(Stete)
REMOVAL (Specify)						
Burial	10/30/61		emetery	nagers	town Wash	Co Md.
24 FUNERAL DIRECTOR		ADDRESS	25e. REC	D BY REGISTRAR	256. REGISTRADES AIGN	AURE .
Andrew F	C. Coffman Ha	gerstown Md.	LOGINA	3101		

Andrew K. Coffman Hagerstown Md.

Then I was a line of the state of the state

colinecanione y lieur 37 mins,

During Jo/30/41 Rose Hill Commission States of the States

# FOR STATE HEALTH DEP

TO DEPUTAL ALEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any it is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fundal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heelth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1998 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1985

:	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission			
1	***	a. STATE b. COUNTY Denis 1			
	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)			
4	write RURAL and give nearest town)	C. CITT ON TOWN (II duisida corporata filmits, with a KOKAL and give hearast fown)			
	Hagerstown	Martinsburg Rt. # 2			
18	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give stragt addrass)	d. STREET ADDRESS			
	Washington County Hospital	(Bedington)			
	3. NAME OF First Middle	Last 4. DATE Month Day Year			
	DECEASED	OF			
	ROGH EDWOND W.	TELINGUAM OCTOBER ST 19 OT			
	7. MARKED _ INCYCK MARKED _	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.			
	Male White WIDOWED X DIVORCED	January 12878   Bars.   Months Days Hours Min.			
	10a. USUAL OCCUPATION (Give kind of work   1Db. KIND OF BUSINESS OR INDUSTR				
	dona during most of working life, even if ratirad)	Bunker Hill, W. Va. USA			
	Carpenter & Farmer	Bunker Hill, W. Va. USA			
)	James W. Willingham	Mary C. Mayhew			
	(Yas no or unknym) ((frascivawarordaterofearvica)	INFORMANT Address			
3	Ne Mi	es. Fred Rice - Martinsburg Rt. # 2			
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	W. Va · INTERVAL BETWEEN			
7	PART I. DEATH WAS CAUSED BY: CORONARY ATHERO	SCLEROSIS SEVERE			
	TUD OMPOCI C DICH				
	Conditions, if any, which				
	(6)	STION			
	gava rise to immadiata causa (a), stating the underlying  DUE TO				
	causa last. (c)				
П	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY			
		PERFORMED? YES ▼ NO □			
	208. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED. (6	inter natura of injury in Part I or Part II of itam 18.1			
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20b. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING D  CAUSE OF DEATH.				
1		CE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) ory, street, office bldg., atc.)			
	p.m. 19 at work all work				
	21. I certify that I took charge of the remains described above, he	Id an Autopsy X. Inspection , Inquiry , and in my opinion			
	death resulted from: Natural causes X, Accident , Suici	ide , Homicide , Undetermined manner			
Н		CHIEF MEDICAL EXAMINER			
	The same of the sa				
SIGNATURE M.D.					
1	EXAMINER'S	DEPUTY MEDICAL EXAMINER 2			
	NAME (Type) DR. E.W.DITTO, JR.	Addrass (Streat, city, town, or county)			
	228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Spacify)	CREMATORY 22d. LOCATION (City, town, or county) (State)			
	Burial 10-24-1961 Rosedale Ce	emetery Martinsburg. West Virginia			
	23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE			
	H. K. BROWN Martinsburg, W.	· Va DARCT 24'61 Callun S. Krous			
		TO B I PONE ST ST			

maint lake a serie.

Indugace when a mountain as

x = menedick plan

(1-----

Tes mont with the

water . I would

der, wed mices - santingone Br.

CHEMINAY FRANK SOLDALS SEVENE THREE STORY OF THE STORY PULLY WAR CONCESTION

DR. E.W.DITTO, IR.

alt anily ment sunday to me the wastomed windress and all aligne

was in the contract of the con

death. Let A may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete carbon papers. After this certificate has been signed by the attending physician and complete carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

MA	ARYLAND STATE DEP	ARTMENT OF	HEALTH	
DIVISION OF STATISTICAL RE	SEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
12000	CERTIFICATE	OF DEATH		1 106

2.6000		1400
1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, Reside	nca before admission)
Washington MARYLAND	* STATE Maryland b. COUNTY Washi	ngton
b. CITY OR TOWN (if outside corporete limits.   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL end give	
write RURAL and give neerest town)	(3 Hagerstown	
Hagerstown  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	. d. STREET ADDRESS	a. IS RESIDENCE
		ON A FARM?
Washington County Hospital	400 Reynolds Ave.	YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey	Yeer
(Type or print) MARY CATHERINE	WINDER DEATH October 13	1961
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In yeers   IF UNDER 1 YEAR	IF UNDER 24 HRS.
the contract of the contract o	anuary 5, 1874   87 yrs.   Months Days	Hours Min.
1Da. USUAL OCCUPATION (Give kind of work   1Db. KIND OF BUSINESS OR INDUST		OF WHAT COUNTRY?
done during most of working life, even il retired)		
Housewife 13. FATHER'S NAME	Hagerstown, Maryland U.S	.A.
IS. FAIRER 3 NAME	14. MOTHER'S MAIDEN NAME	
Charles A. Poffenberger	Julia A. Rohrer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. [Yes, no, or unknwn] [ [Hyesgive werordetes olservice]	INFORMANT Address	
	fr. Charles Poffenberger Hagerstow	m. Md.
18. CAUSE OF DEATH [Enter only one ceuse per line lor (e), (b), end (c).]		ITERVAL SETWEEN
PART I, DEATH WAS CAUSED BY:	<i>-</i>	NSET AND DEATH
IMMEDIATE CAUSE (0) Preumonia		4 cays
DUE TO	101.11	1
Conditions, if eny, which ) (b) Styperlensere	anchi / counter stem	13 900
geve rise to immadiate causa (a), stating the underlying  DUE TO		
ceuse lest. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	
		PERFORMED?
2De. ACCIDENT WAS UNDERLYING [7]   2Db. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in Pert I or Part II ol item 18.)	IES   NO E
OR CONTRIBUTING [] CAUSE OF DEATH	, tend had a mary mind for the total total	
	ACE OF INJURY (Home, larm, '2Df. (City or town) (County) tory, street, office bldg., etc.]	(State)
p.m. 19 al work al work		
21. I certify that (I) (this hospital) attended the deceased from	9-1-61, 19, 10 10-13, 1961,	that (1) (we) last
1, 10	t death occured at M, from the causes and on the c	
	death occured ar, from the causes and on the c	22b. DATE
22e. SIGNATURE	ATTENDING MED. STAFF	SIGNED
	A.D. PHYS. DIRECTOR PHYS.	
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
1 ABEN1/10 D	Hegenhan / Mil	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF COMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(State)
Burial 10/15/1961 Rose Hill Cen	etery Hagerstown.	Maryland
	25a. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNA	
Suter - Rouzer Funeral Home		
R. Frankli horge nagerstown,	Marylandon OCT 18'61 Circles & the	aus

. . . . .

VR A15 (4) 15M 9/60

Istigani simou rotinidad

Charles A. Follenbarer

marin in the later of

in the command

tide of one

400 Reynolds ave.

r cylinder

denough 5, Mil and 37

esection, tarefront corrections

remio . Elle

a die uparlas follungeres uses sin s

brital 10/15/1961 Rose Hill ventions (12/1961)

but - our more bone should be stone - our - our

ofter death. Page

deoth

The second secon	
The state of the s	
Waster and the party and the	

	_/	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
- =-(1)		12002 CERTIFICATE OF DEATH
\$ 5 5 X	4/	PLACE OF DEATH   2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission)
funer shoul	$\times 1$	Washington     Maryland     Washington     Maryland     Washington
our th.	1-	
4 ho by th and death		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
2 2		Hagerstown most of life Hagerstown
ithin illed in ages 1	Ser.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
S. Pauli	DY	Washington County Hospital 707 Salem Ave.
	- 4	NAME OF First Middle Last 4. DATE Month Dey Yeer
cute plet ape 72	24	DECEASED (Type or print) MARY LORATN YOUNG DEATH October 11 1961
om o n	-	TALL LOUAL TOTAL TOTAL THE IN OIL
nd co		lest birthdey) Months   Dave   Hours   Min
an an car		Female   White   WIDOWED   DIVORCED   September 7, 1911   50 yrs.   1911   50 yrs.
ian ian ian		a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY one during most of working life, even if retired)
hysicia removement		Secretary Doctor's office Thomasville, N. Carolina U.S.A.
0 0 0	-	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ding please	-	Luther Sharman Black Mary Jane Black
	L )  -	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  Address
the atter		es, no, or unkown)   (Ifyesgivewerordetasofsarvice)
hat the ithe att		no 214-09-1009 Mr. B. Franklin Young Hagerstown, Maryland
s th an. y th ren		18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).)  INTERVAL BETWEEN ONSET AND DEATH
sici Sici		PART I. DEATH WAS CAUSED BY: Hypertension encephalopathy IMMEDIATE CAUSE (a)
sit p		331 X DUETO // DOS STALK IN SI / HTT / IV SI / WY 1/ HTT /
sign sign sign sign sign sign sign sign		Cerebral hemorrhage
dindinding din		gave rise to immediate ceuse / rise to immediate ceuse
The ten		(e), steting the underlying DUE TO Complications of Gerebral edema
	2	couse last. (c) tonsillar herniation with respiratory failure
AN Sale		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED?
Digital of		YES NO .
YSI hos cert r use prior		20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)
H o si p		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
は大さる		20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
THE STATE OF THE S		Hour a.m. While Not While factory, streat, office bldg., etc.)
Ger is	8.1	p.m. 19 at work at work
ept ept		21. I certify that (I) (this hospital) attended the deceased from
E SEP		saw the deceased alive on
R P P P P P P P P P P P P P P P P P P P	5	22e. SIGNAJURE 22b. DATE
O E D B	11	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D
74794		- C 1 100 5
ERAL Page with t		22c. PHYSICIAN'S NAME (Type) W. ROSS CAMERON 22d. ADDRESS Levelow hid.
death. Prof 4 death. Prof 4 TO FUNERAL director, page be filed with th		e. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
HOS ath. FUN FUN Filed		DELLOVAL (Sassiful
Og Gig g		Burial 10/16/1961 Acception Cemetery Acception, Virginia
VR A15 (4)		Subjection's signature Address Address 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
15M 9/60	1	Date de la lace de lace de la lace de l
	Alex I.	Critical S. Kings

MARYLAND STATE DEPARTMENT OF HEALTH

1 tem 11-21-6T

ams

3000

100 1 2 3 refres

withington county housised 107 Cales Ave.

CE CHARL . LELLY SO

octor's of the Phonorville, were died . . .

esselte.

211-09-1 (P sr. a. Tranchim town: des pateur, dendim

.S. modele al colorent Take . - xote

103. A million and another

FOR STATE of Health, al director. Page ay is necessary, TO DEPUT: MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an say is necessary please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the lutter all director. Pages should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit-file pages 1 and 2 with the State Board of Heath or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TR DITTO or its designated agent, prior to burial, cremation, or removal, and in an

VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12003 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	12003 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	11989
1	1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence	dence before edmission)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  MARYLAND  MARYLAND  C. LENGTH OF STAY IN 1b	e. STATE  D. COUNTY  MAIZY AND  C. CITY OR TOWN (It outside corporete limits, write RURAL end give	TONI ve neerest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS D RURAL	e. IS RESIDENCE ON A FARM?
	3. NAME OF DECEASED (Type or print)	OF	YES NO
	S. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers   IF UNDER TYE)	
	MALE WHITE WIDOWED DIVORCED /  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	MARCH - 10 - 1906 55 yrs. 7 7	Hours Min.
	13. FATHER'S NAME	13 ROWNSVILLE WASH, CO. MD.	U.S.A.
)	(Yes, no, or unkown) (Ifyesgivewerordate ofservice)	NNA FOUCHE Address	E 415
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Chronic Rheumatic F		MD MD, INTERVAL BETWEEN ONSET AND DEATH Recent
8	Conditions, if any, which DUE TO Insufficiency  (b) Myocardial Fibrosis		
	geve rise to immediate cause (e), stating the underlying cause lest.  (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  2Do. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING D  CAUSE OF DEATH.	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*)	19. WAS AUTOPSY PERFORMED? YES NO
	2Do. EXTERNAL CAUSE WAS   2Db. DESCRIBE HOW INJURY OCCURED. (E PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.	inter neture of Injury In Pert I or Pert II of item 18.)	
		CE OF INJURY (Home, ferm, 20f. (City or town) (County) ory, street, office bldg., etc.)	(State)
	21. I certify that I took charge of the remains described above, he		id in my opinion
-	death resulted from: Natural causes x, Accident , Suici	ide, Homicide, Undetermined manner  CHIEF MEDICAL EXAMINER	
	ACTUAL SIGNATURE A CERCITA	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S NAME (Type) Dr. E. W. Ditto, Jr.	Address (Street, city, town, or county)	
1	22e. BURIAL, CREMATION, 22b. DATE THEREOF Z2c. NAME OF CEMETERY OR REMOVAL (Specify)		(State)
	23. FUNERAL DIRECTOR  ADDRESS  ADDRESS  AND BOAT BOANG	CEMISTER DIROWNS VILLE WASH.	ATURE
1	Jahr TV. 19ast. 1200NSB0120 1X1	D DATE OCT 24'61 Onllan & to	raus

PORTS REDICAL EXAMINES & CHILESTRIPE SORE LANGE OF ALL THE WEST AND THE PARTY OF THE P THE RESIDENCE OF SMANNEY VIEW AND STATE OF THE STATE OF T STATE STATE TO THE WAR A DESCRIPTION OF THE PARTY OF THE INCAL THE WEST SUBJECT OF THE PARTY OF THE PROPERTY OF THE PRO THE PROPERTY OF THE PROPERTY O Busines The Paragraph Contract Court of Charge and Court Court of the THE PERSON TO PROPERTY OF THE SET OF THE PERSON THE PER